Redressing Sexual and Gender-Based Violence

A Review of Governments' Performance in the Great Lakes Region of Africa

'Africa wins each Time you keep your promise'

Isis WICCE

Isis-Women's International Cross-Cultural Exchange

We Link Women Internationally

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FOREWORD

Sexual and Gender-Based Violence [SGBV] has for long been identified as one of the major problems threatening security and stability in the Great Lakes Region. Governments in the region signed a protocol on tackling sexual and gender-based violence under the International Conference on the Great Lakes Region (ICGLR). However efforts to end impunity and protect women and girls from SGBV remain inadequate. On the 15th December 2011, Heads of State from the Great Lakes met in Kampala, Uganda.

The meeting included a Special Session to discuss sexual and gender-based violence. While there is great expectation regarding policy initiatives from this special summit, activists from the Great Lakes Region are urging the leaders at the meeting to agree to specific and time-bound actions to prevent and address sexual and gender-based violence, and to translate the rhetoric of the 2006 protocol on the prevention and suppresson of sexual violence against women and children into action.

This publication gives the results of an assessment study that was carried out by Isis - WICCE on the review of the performance of governments in the Great Lakes region to address SGBV. Whereas the assessment of the countries indicate that concrete steps are being undertaken in the majority of countries, the Civil Society leaders from Great Lakes countries continue to urge governments to act to stop SGBV. To the leaders, it remains on great call; Africa wins each time you keep your promise.

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ABBREVIATIONS AND ACRONYMS

ACHPR	African Charter on Human Peoples Rights
AIDS	Acquired Immune Deficiency Syndrome
AWO	Angola Women's Organisation
CAN	African Cup of Nations
CAR	Central African Republic
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEWIGO	Centre for Women in Governance
CPNs	Child Protection Networks
CPJP	Convention of Patriots for Justice and Peace
CRC	Convention on the Rights of the Child
DRC	Democratic Republic of Congo
FARDC	Armed Forces of the Democratic Republic of Congo
FGM/C	Female Genital Mutilation/Cutting
GIDD	Gender in Development Division
GDP	Gross Domestic Product
GLR	Great Lakes Region
GoSS	Government of Southern Sudan
HIV	Human Immunodeficiency Virus
HRC	Human Rights Commission
ICT	Information, Communication and Technology
IDP	Internally Displaced Persons
NAC	National Children's Council
IOM	International Organization for Migration
Isis-WICCE	Isis Women's International Cross Cultural Exchange
KDHS	Kenya Demographic and Health Survey
MDGs	Millenium Development Goals
MOH	Ministry of Health
MPLA	Movimento Popular de Libertação de Angola
MOI	Ministry of Interior
MSF	Médecins Sans Frontières (Doctors Without Borders)
NHIF	National Hospital Insurance Fund
NGOs	Non Governmental Organisations
PNSR	National Reproductive Health Programme
PVSU	Police Victim Support Units
PRSP	Poverty Reduction Strategy Paper
RDF	Rwanda Defence Forces
RHRC	Reproductive Health Response in Conflict
SADC	Southern Africa Development Cooperation
SGBV	Sexual and Gender Based Violence
STIs	Sexually Transmitted Diseases
SFVS	The Women's Synergy for Victims of Sexual Violence
SFVS	Women's Synergy for Victims of Sexual Violence
SO	Sexual Offences Special Provisions Act
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UNITA	União Nacional para a Independência Total de Angola
UNOB	United Nations Operation in Burundi
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organisation
ZWPC	Zambia Women's Parliamentary Caucus

1. INTRODUCTION AND BACKGROUND

In the Great Lakes Region (GLR) of Africa, decades of conflict have created an unfavourable environment n which women and girls have suffered various forms of Sexual and Gender Based Violence (SGBV) to their detriment. The international community of States and Governments, the African Union as well as regional economic communities and cooperation mechanisms all have put in place laws, policies and other measure geared towards the prevention and redress of SGBV. Despite the efforts that have been made so far, negligible progress has been made both with regards to prevention and treatment, thus necessitating a re-evaluation of the situation.

Sexual violence has been used as a weapon by all sides of the conflict: rebels groups, militia and armed forces. Ironically, incidences of GBV have also been known to be committed by United Nations peace-keepers who are sent in the region to protect the civilian population. It is difficult to find reliable statistics on the number of women who were raped and sexually assaulted, although it is estimated that up to 250,000 women were raped during the war and genocide in Rwanda. UN agencies and local human rights organizations working in Eastern DRC, estimate that between 40.000 to 60.000 women were raped between 1996 and 2002, in Eastern DRC alone.

Sexual violence represents a serious public health and human rights and humanitarian issue in the region. In addition to the psycho-social and traumatic aspects of rape, rape can severely affect the physical health of victims, and a high number of rape victims are infected with HIV/AIDS. Problems are compounded when victims of SGBV become pregnant. Some may try to or be forced to abort if they are in conditions of sexual slavery, further endangering their health. The risks of maternal death for women who have already been injured by sexual violence and are giving birth in situations where health infra-structure has broken down due to conflict cannot be over-estimated.

Objectives of the study

The study is aimed at reviewing the performance of GLR governments' performance in the implementation of the commitments they have undertaken under international, regional and national law with regard to SGBV. It aims at identifying gaps in the implementation of different frameworks for SGBV in the GLR and the extent of its relationship to the reproductive health rights of women. The study will also making recommendations to inform the decisions to be taken by Heads of State during the International Conference of GLR in December 2011 and developing a score-card on SGBV as an advocacy tool for use at the conference.

Methods used and limitations of the study

The study is based on a document review of international and regional treaties, conventions and declarations, as well as national laws policies and programmes that are relevant to SGBV. Documents reviewed include reports of inter-governmental organisations, government departments, international and national NGOs. Most of the material that was used was obtained from the internet, as it proved difficult to obtain specific country information from the various relevant government departments in different countries within the short time available for the study. Hence, although efforts were made to ensure that the information relied on was up-to-date and in line with the most recent development, there is a possibility that some of the information provided has been overtaken by events.

2. SEXUAL AND GENDER-BASED VIOLENCE VIS-A-VIS SEXUAL AND REPRODUCTIVE HEALTH RIGHTS: THEORETICAL AND CONCEPTUAL ISSUES

The 2006 Great Lakes Region Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children contains an extensive and detailed definition of sexual violence. Article 1 thereof defines sexual violence as any act which violates the sexuala autonomy and bodily integrity of women and children under international criminal law, including, but not limited to; rape; sexual assault; grievous bodily harm; assault or mutilation of female reproductive organs; sexual slavery; forced prostitution; forced pregnancy; and forced sterilization.

It also includes harmful practices, inclusive of all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and children, such as their right to life, health, dignity, education and physical integrity, as defined in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; sexual exploitation or the coercion of women and children to perform domestic chores or to provide sexual comfort; trafficking in, and smuggling of, women and children for sexual slavery or exploitation; enslavement by the exercise of any or all of the powers attaching to the right of ownership over women and includes the exercise of such power in the course of trafficking in women and children. It encompasses forced abortions or forced pregnancies of women and girl children arising from the unlawful confinement of a woman or girl child and forcibly making them pregnant, with the intent of affecting the composition of the identity of any population or carrying out other grave violations of international law, and as a syndrome of physical, social, and psychological humiliation, pain and suffering and subjugation of women and girls; infection of women and children with sexually transmitted diseases, including HIV/AIDS; and any other act or form of sexual violence of comparable gravity.

Sexual violence also includes gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, as defined by the United Nations Committee on the Elimination of All Forms of Discrimination Against Women, in General Recommendation 19.

One major short-coming of the GLR Protocol is that although women and girls are the primary targets of sexual violence, men and boys can also be victims of rape. However, this minority is often unrecognised and receives little care or protection. Testimonies of male rape in the International Criminal Tribunal of Yugoslavia were rife. Studies in Uganda on the Northern Uganda Conflict have revealed that indeed, sexual violence was also committed against the male civilians. Sexual violence against men includes rape, sexual torture, sexual humiliation and sexual slavery. A form of violence specifically perpetrated against males is

forcing them to rape family members, a practice known as forced incest, where both the rapist and the victim suffer the violence. Men in custody are at particular risk of sexual abuse, as rape is used to establish hierarchies of control and respect. Men and boys are even less likely to report sexual abuse than women. Fear of stigmatisation, but also lack of care and protection under the law prevent them from reporting a case of rape. In Medecin San Frontieres projects, only a small proportion of rape cases seen are men and boys. In MSF projects in Khayelitsha, South Africa, and in Masisi, DRC, approximately 6% of the rape victims who visit MSF clinics are male.

Some countries, like DRC do not include male victims in their legal definitions of sexual violence. Male rape survivors also find a lack of male-friendly resources in services for victims of sexual violence. Not seeing themselves represented in leaflets, billboards or other material for rape survivors increases their fear of isolation and discourages them from seeking support. While men can be victims of sexual violence, women can also be perpetrators. Male rape survivors attending MSF clinics in Ituri reported being forced to have intercourse with female fighters or guards while in detention. Most of these assaults were committed publicly, to cause humiliation. Even if not involved directly in forced sex, women may play a role as accomplices, facilitating repeated aggression or preventing the violation from being reported.

In view of the above, an all inclusive definition that has been developed by the Reproductive Health Response in Conflict (RHRC) Consortium summarises GBV as follows: Gender-based violence is an umbrella term for any harm that is perpetrated against a person’s will, and that results from power inequities that are based on gender roles. Around the world, gender-based violence almost always has a greater negative impact on women and girls. For this reason the term "gender-based violence" is often used interchangeably with the term "violence against women." One reason the term "gender-based violence" is often considered preferable to other terms that describe violence against women is that it highlights the relationship between women’s subordinate status in society and their increased vulnerability to violence. However, it is important to remember that in some cases men and boys may also be victims of gender-based violence. Violence may be physical, sexual, psychological, economic, or socio-cultural. Categories of perpetrators may include family members, community members, and/or those acting on behalf of cultural, religious, or state institutions.

The Rome Statute also recognises that Sexual and gender based violence can be committed against men and women, and describes “gender” as referring to the two sexes, male and female, within the context of society.

SGBV vis-a-vis Sexual and Reproductive Health Rights (SRHR)

SGVB has a detrimental impact on SRHR, and hence the two phenomena bear a close relationship. The 1994 International Conference on Population and Development Programme of Action is the first international document to comprehensively define reproductive and sexual health rights. They are defined as:

A state of complete physical, mental and social well-being and not merely the absence of disease of infirmity in all matters relating to the reproductive system and to its functions and processes' This implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility, which are not against the law, and the right of access to health-care services that will enable women to go safely through pregnancy and child birth. Reproductive health care also includes sexual health, the purpose of which is the enhancement of life and personal relations.

It is necessary to make the distinction between reproductive rights and sexual rights, even though the two are closely linked. This is because many times, policy makers take cognisance of only reproductive health and rights to the exclusion of sexual rights. This omission is crucial because in many ways, the enjoyment of sexual rights is a necessary pre-condition for the enjoyment of reproductive rights. Equality in sexual relationships and freedom of choice regarding one's body and one's sexuality are key to a healthy and functional reproductive process and system. It follows therefore that in many cases, the abuse of sexual rights compromises the ability and the extent to which one can enjoy their reproductive rights.

The first attempt by the international community to define sexual rights was the Beijing Fourth World Conference on Women (1995), where these rights were defined:
Sexual rights include the individual's right to have control over and decide freely in matters related to her or his sexuality, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body; require mutual consent and willingness to accept responsibility for the consequences of sexual behaviour.

When sexual rights are violated through SGBV, the consequences for an individual's right to realise their reproductive health rights can be disastrous. MSF notes that "a violent case of sexual aggression may result in physical injuries, such as bruises, lacerations, stabbing and fractures. Forced sex also causes vaginal or anal tearing, bleeding or infection, and chronic pelvic pain. In extremely brutal cases, such as gang rape or when an object is forced into a woman's vagina, the physical harm can be so severe that it leads to the opening of an orifice between the vagina and the bladder, or the vagina and the rectum. This is known as vaginal fistula, a condition of devastating consequences which more commonly occurs after prolonged labour. Women with vaginal fistula have urinary or faecal incontinence, or sometimes both. Besides being painful, fistula leads to stigmatisation and isolation."

Furthermore, MSF emphasises that "sexually transmitted infections (STIs), including HIV/Aids, are a serious health concern for victims of sexual violence. A woman is more likely to contract HIV/AIDS from rape than during regular sexual relations, as tearing and cuts in the vagina often caused by forced sex facilitate the entry of the virus in the mucosa. The risk is even higher amongst adolescent girls, as their reproductive tract is not yet fully developed, making it more susceptible to tearing. STIs like gonorrhoea, syphilis, Chlamydia, trichomoniasis and urinary tract infections can also be a result of rape. Though some of these do not present any symptoms in women, if left untreated, they can lead to pelvic inflammatory disease and cause infertility.

Rape may also result in unwanted pregnancies. Where abortion services do not exist or are unaffordable, women who feel unable to give birth to a child conceived during rape are exposed to the risks of an unsafe abortion. Every year, about 18 million unsafe abortions are carried out in developing countries for different reasons, resulting in 70,000 maternal deaths. Of those who survive complications from these abortions, many suffer serious consequences such as infertility or difficulties with future pregnancies."

3. THE INTERNATIONAL LEGAL FRAMEWORK GOVERNING SGBV

There are myriad international treaties, conventions, declarations and resolutions that address sexual and gender-based violence. At the UN Level, the 1979 Convention on the Elimination of All forms of Discrimination Against Women, the 1993 Declaration on the Elimination of all Forms of Violence Against Women and General

Recommendation No. 19 of the CEDAW Committee provide an important starting point for the fight against SGBV. In addition, the 1995 Beijing Declaration and Platform for Action (Article 29) and the 1994 Cairo Declaration on Population and Development contain important provisions geared towards eliminating violence against women as part of the protection of women's sexual and reproductive health rights (Principle 4).

The UN Security Council has, since 2000, passed several resolutions that declare goals of protecting women from violence during times of conflict and involving women in peacemaking. Resolution 1325, adopted in 2000 acknowledged the crucial link between peace, women's participation in decision-making, and the recognition of women's life experiences throughout the conflict cycle." In 2008, the Security Council adopted Resolution 1820 on sexual violence during times of conflict. The Security Council can employ sanctions against countries who are either involved in perpetrating sexual crimes against civilians motivated by political ends, or who are negligent in challenging impunity for crimes committed. Resolutions 1888 and 1889, appointed a special representative to address sexual violence in armed conflict. Closer to home, the Protocol to the Africa Charter on Human and Peoples Rights (the Maputo Protocol) has been lauded as a comprehensive and detailed treaty that recognises the unique problems faced by African women and calls upon African governments to improve the lot of women on the Continent.

Articles 4 and 5 thereof specifically deal with violence against women.

For purposes of this study, the key international document is the Great Lakes Region Protocol on the Suppression and Prevention of Violence Against Women and Children of 2006. Specifically, under Article 3, GLR governments undertook the following principles for addressing sexual violence:

- That the principles for dealing with sexual violence under this Protocol shall derive from contemporary developments relating to the criminalisation of sexual violence and the punishment of the perpetrators of sexual violence under international criminal law. That sexual violence shall be punishable in times of peace and in situations of armed conflict.
- That measures taken by them to protect women and children from sexual violence shall be based on the principles contained in the instruments referred to in the Preamble of this Protocol.
- Member States are encouraged to ratify and domesticate the Convention on the Elimination of All Forms of

Discrimination Against Women, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

- Member States shall comply with, and implement, the Convention on the Rights of the Child.

Although GLR States have shown willingness to ratify international protocols against SGBV, such ratification by itself, while signifying political will, belies major challenges. When a state ratifies the Protocol, it must fulfil its international obligations under the Vienna Convention on the Law of Treaties which stipulates how this instrument must be effectively implemented. This process differs according to the legal tradition that governs the country in question. In a common law country, the Protocol must be domesticated. That is to say, a law must be adopted so that it becomes part of the national legislation and so that its content can be invoked in the courts of law.

In countries that follow civil law, the act of ratifying an international treaty generally incorporates it into national legislation. Notwithstanding the legal tradition of the country that has ratified a regional or international legal instrument, it must harmonize its national legislation with the content of the instrument. This is where most problems arise. Often, the implementation of the Protocol on the Rights of Women in Africa is thwarted by the co-existence of various national legislative systems, a situation termed by scholars as “legal pluralism.”

In several African countries, the law does not emanate exclusively from the state; it is also dictated by religion, customs or other legitimate independent legal structures within particular groups. In some countries, customary law, with its own legal framework, may result in decisions that contradict the decisions rendered by legal institutions that apply the state’s codified law. Other cultural factors may influence whether or not survivors of SGBV decide to seek redress. For example, a recently published paper by Chimaraoke Izugbara and Chi-Chi Undie entitled “Who owns the body? Indigenous African discourses of the body and contemporary sexual rights rhetoric,” attempts to explain why the realization of sexual and reproductive health rights today remains a challenge in most of sub-Saharan Africa today. The paper highlights a possible but neglected reason why this may be so – ideas about ownership of the body. According to the researchers, “current sexual rights declarations derive from the notion that the body, as a physical entity, belongs to the individual.” Their work in Nigeria among the Ngwa-Igbo and the Ubang, shows an alternative view of the body – as being owned by the wider community, rather than the individual.

They observe that in these settings, rights are embodied in the community, which also lays powerful claims on all its members, including the claim of body ownership. Individuals are thus more likely to seek and realize their rights within the communal space, rather than by standing alone. Thus, for many sub-Saharan African communities, the social sphere within which individuals live - families and communities, and their social and cultural beliefs and practices – articulates its own versions of sexual and reproductive health rights and influences; the extent to which they are realized. The sphere either protects or violates individuals’ rights. For instance, in the Ngwa-Igbo community, rape is an abominable crime and is seen as crime committed by the offender’s community against the community of the rape victim. It is not seen at the individual level of the rapist and the rape victim as these are seen as belonging to their communities. Thus, it is the communities that decide the punishment and the compensation.

It is also the communities that cleanse and restore the individuals – the rapist and the rape victim – back into their respective communities. In this case, the community serves as a channel to the realization of the individual right. Their study therefore shows that there is a need for similar research in GLR countries that goes beyond the notions of patriarchy and women’s subordination to ascertain underlying attitudes that prevent women from enforcing their right to protection from SGBV. In settings where communal responses to GBV ride over individuality, women’s experiences can also be overlooked. For example, in Northern Uganda, traditional justice mechanisms and procedures exist to a certain extent to deal with inter clan conflict and are being proposed to be used to address the atrocities that occurred in the armed conflict. Some of these include cleansing the perpetrators of the atrocities. However, studies on these forms of justice have noted that in Acholi culture, perpetrators of rape do not have to undergo cleansing and it would seem then that this rules out the perception of rape as a communal or violation, hence offering no recognition of the victimisation of rape survivors.

COUNTRY BY COUNTRY ASSESSMENT OF PERFORMANCE ON SGBV

ANGOLA

Introduction

Angola has been attempting to reconstruct its state and civil society since 2002 when a peace agreement was signed with União Nacional para a Independência Total de Angola (UNITA), the main rebel movement. There are fledgling attempts at a democratic process, evidenced by the September 2008 legislative elections which were held after 16 years. The ruling party Movimento Popular de Libertação de Angola (MPLA) won the elections with 81 percent of the vote and now holds 191 of the 220 seats in Parliament. A new constitution was approved in January 2010, following putting in place a new government. Hence, it is too early to give a fair assessment of how far Angola has gone in the implementation of SGBV frameworks. Nevertheless, there are on-going efforts that are worthy of mention.

Situational Analysis

SGBV is prevalent in Angola, with the majority of victims being female. Forms of SGBV in Angola include rape, domestic violence, trafficking in women and forced prostitution. Violence against women was common and pervasive, particularly in urban areas. A preliminary study on domestic violence in Luanda indicated that 78 percent of women had experienced some form of violence since the age of 15. While 27 percent of the total reported abuse in the 12 months preceding the study, 62 percent of women living in the improvised outskirts of Luanda reported abuse. The majority of violence was perpetrated by common-law husbands or boyfriends. Religious leaders in Luanda Norte reported that elderly people, particularly rural and impoverished women, were sometimes vulnerable to accusations of witchcraft and subsequent abuse. Women were sometimes killed, beaten, expelled from their families, or died from mistreatment and malnourishment. The religious leaders, who offered church-run shelter to the victims, reported that

police did not taken action due to fears that the women may practice witchcraft on them. Whether and how SGBV impacts on SRHR is difficult to prove in the absence of specific administrative data from the health system that proves the linkage.

The long civil war damaged the country's infrastructure, public administration system and social fabric. Angola has a severe landmine problem, with the highest concentration of landmines globally - 6-7million mines are spread over the country. This makes public service delivery difficult. The war resulted in the destruction of health facilities and most health workers fled to Luanda where the majority of doctors and nurses were estimated to be living in 2004. However, during the last 2-3 years, the situation has greatly improved and according to a 2007 UNICEF survey of health facilities that provide obstetric and neonatal care, 70% of doctors now work at the provincial level. Despite these efforts, a high percentage of facilities are still not functional, especially the bottom tier of the health network (health centres and health posts), and yet this is the main vehicle to deliver primary health care to the population.

Angola has only 8 doctors per 100,000 people, much lower than the average for African countries. The result is that 60 percent of the population does not have reasonable access to health care. Most people still have to walk more than one hour to reach a health facility. This negatively impacts on survivors of SGBV who require treatment. Maternal mortality rates are very high, which further indicates that there remains much to be done regarding SRHR.

In its combined initial through fifth report to the CEDAW Committee submitted in 2004, the Angola Government summarised the situation on violence against women at that time as follows:

Lack of efficient law enforcing mechanisms, the coexistence of the positive and customary law, (in) effectiveness of laws promulgated in the colonial period about 200 years old and the ignorance by the population, particularly the women, of their actual rights are factors contributing for a situation of constant violence against women and girls. When there are abuses against women either at the family level or at work level, she finds numberless (sic) obstacles, as the police institutions are not duly sensitised to attend to such cases. Cultural and traditional factors also play against women as the woman is always to blame and must accept violence as being part of the way of life of the Angolan woman. Many times, and yet because of those cultural and religious factors, it is the women themselves who, influenced by the families, end up withdrawing their claims against the husbands, simply for the fact of their being the fathers to their children and/or providers. Whereas nearly four years have passed since this self-assessment by the Angola government, the following paragraphs set out the progress made vis-a-vis the challenges that are still being faced with regard to redressing SGBV.

Legislative, Policy and Administrative Measures taken to address SGBV in Angola: Achievements and Challenges
Angola is party to the following international instruments that directly or indirectly impose upon its government an obligation to redress SGBV:

- United Nations Convention on the Elimination of All Forms of Discrimination Against Women- ratified in the 1st Legislature, under resolution 15/84,on 25 July;
- SADC Heads of State and Government on Gender and Development of 8th of September, 1997;
- Declaration on the Elimination of Violence Against Women
- The GLR Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children
- Maputo Protocol

The Constitution contains general provisions which may be invoked for the suppression of SGBV. Article 18 embraces the principle of equality and non-discrimination:
"All the citizens are equal before the law and enjoy the same rights and are subject to the same duties without distinction of their colour, race, sex, ethnic group, place of birth, religion, ideology, level of education, social or economic condition. ***Article 29,*** which is substantively similar to article 3 of the Family Code, affirms the equality between men and women in the family, emphasising that both enjoy the same rights and both are subject to the same duties.
Article 36 protects the right to physical freedom and individual security. It provides that no-one may be deprived of their freedom, except in cases prescribed by the Constitution and the law.

The right to physical freedom and individual security shall also involve: a) The right not to be subjected to any form of violence by public or private entities; b) The right not to be tortured or treated or punished in a cruel, inhumane or degrading manner; c) The right to fully enjoy physical and mental integrity; d) The right to protection and control over one's own body.
Article 47 provides for the right to health by enjoining the State to take measures to secure citizens' right to health assistance and to assistance for childhood, maternity and disability.
Article 43 entitles citizens to resort to the courts against all acts violating their rights.

Angola is in the process of revising its criminal laws. The Draft Criminal Code is divided into Book I, General Provisions (pages 1-47, mainly concerning criminal procedure) and Book II; Specific Provisions (pages 48-155, defining crimes and statutory sentences). It is a comprehensive code of procedure and criminal law, including the full range of crimes against persons, property, and the state, as well as fraud and defamation, financial and international crimes. Notable provisions in this law include:

- Crimes concerning the liberty of the person (Book II, Title I, Chapter 3), including slavery (Article 165)
- Sexual crimes (Book II, Title I, Chapter 4), including sexual trafficking (Article 177) and abuse or trafficking of minors, and child pornography (Articles 179-184).
- Crimes against the dignity of the person, principally discrimination (Article 197)
- Crimes Against Peace and the International Community (Book II, Title VI)

Rape, including spousal rape, is illegal and punishable by up to eight years' imprisonment; however, limited investigative resources, poor forensic capabilities, and an ineffective judicial system prevented prosecution of most cases. The Organization of Angolan Women operated a shelter that offered special services for rape victims. The Justice Ministry worked with the Interior Ministry to increase the number of female police officers and to improve police response to rape allegations. Domestic violence is not specifically illegal; however, the government occasionally prosecutes it under rape, assault, and battery laws.

Government and Institutional Response to SGBV

The government of Angola through its ministry responsible for gender works with NGOs to assist women survivors of SGBV. In the aforementioned combined report to the CEDAW Committee, the government remarked that it was working with the Angolan Women's Organization (AWO), which established the first centre for violence victims in 1987 organised a seminar for Legal Counsellors in Cabinda province. In 2000, the Ministry of Family and Promotion of Women created a Family Counselling Centre, which is concerned with providing legal assistance to the populations, educate and inform them on their rights and give psycho-social assistance to the victims of violence. In 2001, a cooperation agreement was signed between the Lawyers' Association of Angola and the Ministry of Family and Promotion of Women with the aim of assigning Lawyers to the Centre for legal assistance to victims of violence or persons directly and indirectly involved. Statistics on prosecutions for violence against women under these laws during the year were not publicly available.

Elsewhere, the Country Development Strategy, even though it does not explicitly mention SGBV, outlines plans of action that would go some way in improving the lot of SGBV survivors. For example, there is an on-going move to rebuild the country's health system, with emphasis given to SRHR. With peace in 2002, the government started an ambitious reconstruction program to rebuild the country's infrastructure and expand the health network. In 2008, supported by the EU, the Ministry of Health (MOH) completed the first step of a mapping of the country's health infrastructure, covering five provinces: Benguela, Bié, Huambo, Huíla and Luanda. It provided detailed information about the physical status of every facility in each of the five provinces and allowed the planning of investments to rebuild the health facilities and other related infrastructure in accordance with government plans.

The next step for the MOH is to complete this exercise in the rest of the country and develop a comprehensive and costed health plan. The government recognizes the important role of the health sector in economic growth. The budget for the health sector significantly increased over the last five years, and even doubled between 2005 and 2006. In 2006, the health budget was US$71 per capita, representing 3.4 percent of GDP. This spending, although high by

Sub-Saharan standards, is not having the expected impact on health outcomes, principally because of the low coverage, the poor targeting and quality of services, and too much reliance on the provision of health services through fixed-based facilities, i.e. hospitals, health centres, and health posts. The government has made positive achievements in the health sector. It has made commendable efforts to control the HIV/AIDS epidemic and has been successful so far, with prevalence remaining at a low 2.5 percent. Angola has a great opportunity to make a difference in health outcomes. According to the World Bank, the Angola government is in position to make a significant difference to the health of its citizens due to increased oil revenues and the substantial contributions made by donors to its post-war recovery programme.

The government Health Strategy includes the Plan for the Accelerated Reduction of Maternal and Child Mortality in Angola. To improve the health status of the population, especially maternal and child health, the Ministry of Health (MOH) has started to introduce an integrated model of health service delivery consisting of: (i) health facilities providing a complete package of basic health care services; (ii) outreach teams that will start from health facilities and visit municipalities according to a regular schedule, bringing preventive and simple curative services to the population; and (iii) community health workers, supervised by outreach teams, who will mobilize communities, promote healthy behaviour in the population, help recognize early signs of illness, and encourage the population to seek care from mobile outreach teams or health facilities when possible.

Angola does not have a law that specifically prohibits all forms of trafficking in persons, though the new Constitution promulgated on February 5, 2010 prohibits the trafficking in humans and organs. The Penal Code has not yet been amended to reflect these provisions in a way which would allow officials to enforce them against trafficking offenders. Articles 390-395 of the Penal Code prohibit forced prostitution and forced or bonded labour, prescribing penalties of two to eight years' imprisonment, which are commensurate with penalties prescribed for other serious offences. Statistics on investigations or criminal convictions are not made publicly available.
Nevertheless, the government has strengthened its partnership with the International Organization for Migration (IOM), through which it provided for the training of police officers, law enforcement officials, prosecutors, NGOs, and stakeholders in trafficking awareness and effective measures to counter trafficking. At the local level, police

and military officials have been implicated in facilitating the illegal entry of foreigners into the diamond-mining provinces of Lunda North and Lunda South, some of whom reportedly become victims of forced labour or prostitution in the mining camps. The UN Joint Human Rights Office reported in May 2009 that Congolese officials broke up a sex trafficking ring that had "sold" more than 30 trafficked women and girls to Angolan military personnel in Cabinda province. Despite this, no investigations or prosecutions of officials for complicity in human trafficking were reported.

The Government of Angola has sustained modest efforts to ensure that victims of trafficking received access to assistance. The government continues to rely heavily upon religious, civil society, and international organizations to protect and assist victims of trafficking; authorities identified and referred 33 victims of labour trafficking to care providers in the last three months of 2009. NGOs credit this recent increase in the number of identified victims with more public awareness and better reporting, rather than an increase in the occurrence of trafficking in Angola. In partnership with UNICEF, the government's National Children's Council (INAC) continued to operate 18 Child Protection Networks (CPNs), which serve as crisis "SOS Centres" for victims of trafficking and other crimes who are between the ages of 9 and 16. There were no apparent victim services available for child victims under the age of nine. The CPNs offered rescue services, health, legal and social assistance, and family reunification. Government personnel referred an unspecified number of suspected victims over the age of 16 to shelters and services provided by the Organization of Angolan Women (OMA), an NGO that receives government support.

Law enforcement, immigration, and social services personnel do not have a formal system of proactively identifying victims of trafficking among high-risk persons with whom they come in contact. The government does not offer victims long-term assistance, nor does it offer temporary or permanent residency to foreign victims of trafficking. Draft anti-trafficking legislation currently includes provisions to provide foreign trafficking victims with the same kind of social assistance, residence, and legal protection provided to asylum seekers. Under Angolan law, victims of sex trafficking may bring criminal charges against their traffickers, but may not seek compensation. The law does, however, provide for compensation to victims of forced or bonded labour. Current laws do not provide legal alternatives to the removal of foreign victims to countries where they may face hardship or retribution, or relief from prosecution for crimes committed as a direct result of being trafficked. The Angolan government has tried to prevent trafficking. High-ranking Ministry of Interior (MOI) and other officials have made public statements condemning trafficking and raised awareness of the issue. In October 2009, the government conducted and partially funded, in concert with IOM, a national conference on the prevention of human trafficking in preparation for the 2010 Africa Cup of Nations football tournament (CAN 2010), which Angola hosted in January 2010. The MOI, in partnership with IOM, conducted a soccer-themed public awareness campaign entitled "Drop the Red Flag on Human Trafficking", featuring flyers and billboards in Portuguese, English, and French.

The MOI hired a private sector consultant to help develop its counter-trafficking strategy for CAN 2010, and sought technical assistance from Interpol and the Governments of Germany, Portugal, Brazil, and South Africa. The MOI also coordinated with IOM to provide counter-trafficking training to officials from INAC and the Ministries of Ministry of Social Assistance and Reintegration, Justice, and Foreign Affairs. In partnership with IOM and the Embassy of Norway in Luanda, the MOI funded and distributed trafficking awareness pamphlets targeted to vulnerable populations. The Association of Women's Police Officers trained other police officers to recognize child traffickers and exploiters in preparation for the CAN 2010 games. As part of its anti-trafficking campaign during the CAN 2010, the government made some efforts to reduce the demand for commercial sex acts, particularly child prostitution. Angola is not a party to the 2000 UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.

Main challenges and action points

- Legislative provisions against all forms of SGBV including trafficking in persons are yet to be finalised
- Existing health development plans and projects spearheaded by the WB and other donors do not specifically target SGBV and its relationship to SRHR
- There is lack of data on SGBV in the criminal justice system
- Training efforts appear to have focused on Trafficking in women to the exclusion of other forms of SGBV such

BURUNDI

Situational Analysis

From 2004 to November 2007, the Seruka centre of MSF Belgium registered 5,466 cases of sexual violence, an average of 1,366 victims per year and 27 victims a week. In 2005, Iteka League and MSF Belgium reported 1,791 cases of sexual violence, an average of 34 victims a week. In 2006, they reported 1,930 cases of sexual violence, an average of 37 victims a week, which marks a significant increase compared to the previous years. The same year, a study by the gender unit of UNOB indicated that 60% of reported rapes concerned children and 24 % of the rape victims were less than eleven years old. These statistics only reflect the reported cases. Many victims do not speak up for several reasons, especially the fear of reprisals.

Other forms of violence than those of a sexual nature are particularly underreported, and the victims of such violence will not benefit from free medical care and may never tell their story to anyone. The increase of violence against women was often considered to be a consequence of the armed conflict where women suffered terribly. The 12-year war in Burundi negatively affected the health system and access to health care for the Burundian people, especially women. Several thousand people were forced to flee their homes and to live in precarious conditions. The destruction of infrastructure and the looting of healthcare centres reduced the capacity of the system and had a negative impact on SRHR.

The government's report to the CEDAW Committee (2008) observed that although calm prevails in most of the country the situation is different for Burundian women. In 2003, 983 cases of sexual violence were registered, and 1,675 in 2004. Moreover, many cases of rape go unreported or are settled among the families involved, especially in rural areas, as a result of cultural constraints. Children are not spared this crime; 43 per cent of the cases handled by the Iteka Human Rights League involve minors; 17 per cent involve children under the age of 10.

The Provinces of Ruyigi, Muyinga and Makamba are most affected by this phenomenon. Between January and August 2005, 78 cases were handled by Médecins Sans Frontières (Doctors Without Borders), including 28 cases involving minors under the age of 10 in the Province of Ruyigi, and in the Province of Muyinga 222 cases were handled by the Burundi chapter of the Society for Women and AIDS in Africa (SWAA-Burundi) during the same period, including 117 cases involving minors. Cases of incest have also been reported.

The high levels of sexual violence have been linked to harmful effects of the conflict, which has brought about behavioural disorders among men. Domestic violence against women is on the rise, especially in rural areas. The rise in Domestic violence has been attributed to displacements linked to the conflict and the resulting social and economic hardships.

The return of refugees and the displaced, the presence of high numbers of demobilised soldiers, lack of economic opportunity, degradation of social norms and the predominance of female-headed households are all thought to have contributed to the high levels of sexual violence. MSF notes that official data about rape in the country are difficult to come by. Talking about sexual violence in Burundi is taboo and silence often prevails as rape brings shame and humiliation to the whole family.

As a consequence, few people seek medical care after a rape incident and even fewer press charges against their perpetrators. In some cases, practices that would be considered rape in western societies are traditionally accepted by Burundian customs and fostered by cultural myths. Some physically or mentally disabled women are raped because some men believe that this will generate wealth. For example, a traditional healer may direct a man to rape a child to solve a problem the man faces.

Legislative, Administrative and Policy Measures to address SGBV in Burundi: Achievements, Prospects and Challenges

In April 1992 a Human Rights Centre was created for the first time in Burundi, and placed under the supervision of the Ministry of Justice and Guardian of the Seals. Later, this Centre became the Centre for the Promotion of the Rights of the Individual and for the Prevention of Genocide and was to be placed under the supervision of the Ministry responsible for Human Rights. Following the June 1993 elections, a Ministry for Social Affairs, Human Rights and Women's Affairs was created in July 1993 and a woman was placed at the head of this Ministry. Since then a Ministry responsible for Human Rights Issues has figured among the Ministerial Departments from 1993 to date.

Article 22 of the Constitution stipulates that "All citizens are equal before the law, which guarantees them equal protection. No individual shall be the object of discrimination for reasons of his origin, his race, his ethnic group, his colour, his language, his social status, his religious, philosophical or political convictions or because of a physical or mental disability, or because he has HIV/AIDS or any other incurable disease."

Articles 14 and 13 of the Constitution provide that Burundians are equal in merit and in dignity, enjoy the same rights and have a right to the same protection by the law. No Burundian shall be excluded from the Nation's social, economic or political activities for reasons of his race, his language, religion, gender or his ethnic origin. All Burundians have the right to live in Burundi in peace and in security.

They should live together in harmony in the respect for human dignity and tolerance for their differences. Article 4 emphasises that the human being is inviolable. Every human being shall be entitled to respect for his life and to the physical and moral integrity of his person. No one shall be arbitrarily deprived of this right. The provisions of Article 25 make it clear that “every woman, every man has the right to the freedom of his person, notably to physical and mental integrity and to the freedom of movement. No one shall be subjected to torture or to cruel, inhuman, or degrading punishment and treatment”.

In its combined second through 5th reports to the CEDAW Committee, the Burundi government said it was drawing up a National Plan of Action to address violence against women. It was not possible to verify how much progress has been made on this.

Government and Institutional Response

To remedy the problem of a high maternal mortality rate, traditional birth attendants have been trained and supervised under the National Reproductive Health Programme (PNSR). They are regularly provided with basic equipment, which has helped to reduce the maternal mortality rate and increase the rate of assisted childbirth from 17.6 per cent in 2002 to 22.04 per cent in 2004. Moreover, since 2004 all medical coverage for civil servants, including childbirth care, has been provided by the Civil Service Mutual Insurance Company. The Government of Burundi is making every effort to facilitate access to health care. It has given health insurance cards to the at-risk population for free consultations and tax-exempt medicines, free emergency care in the event of epidemics and free treatment of tuberculosis and leprosy. The Government of Burundi has launched a National Reproductive Health Programme (PNSR) which covers safe motherhood, outreach for prenatal and post-partum consultations and family planning; family planning; combating sexual abuse through training, the provision of equipment for the medical treatment of victims and the use of the media and emergency reproductive health care.

Despite these provisions, a shadow report submitted by Burundian NGOs to the CEDAW Committee is critical of the government. It notes that although the Constitution of Burundi integrates the CEDAW Convention and other international instruments, laws to implement the principles contained in these international texts are incomplete or insufficient. Indeed, the Criminal Code and the Criminal Procedure Code do not effectively protect women from violence. The draft Criminal Code is too lenient on SGBV.

The failure to make intimate-partner violence an ex officio crime is an omission that trivialises violence against women despite the serious consequences of these crimes on the victim, the children, the family and the whole society affected by the culture of violence. The Criminal Procedure Code only gives limited possibilities of action to victims of gender-based violence, making it easy for the public prosecutor to disregard women’s complaints. In addition, the laws regulating reparation are not easily applied to victims of gender-based violence and prevention measures are needed to address the complex causes and consequences of such violence.

The Shadow report further noted that at the judicial level, many serious obstacles affect the legal protection of women, particularly victims of gender-based violence. These include

- The trivialization of these crimes by the society in general and especially by agents of the police and judiciary;
- The fear of stigmatisation and reprisals;
- The ignorance of the aggressor’s identity, especially when it is a member of armed forces or organised criminal groups;
- The very high cost of police and judicial services and medical certificates;
- The widespread corruption worsened by an excessive length of judicial proceedings;
- Economic dependence and de facto judicial incapacity that prevents women from starting proceedings without the husband’s agreement.

The judicial system is largely indifferent to sexual violence. Courts often refuse to hear rape cases without a witness, which forces most victims to give up on pressing charges. Sometimes, medical-legal certificates, which can be used as evidence in court, are rejected unless they are signed by a government doctor. To obtain a signature, a victim

must pay up to 15,000 francs (15 dollars), which is unaffordable for many Burundians. In addition, cases take a long time to be disposed of, which discourages many women from seeking justice. The lack of facilities for forensic evidence that can prove crimes of violence, especially sexual violence, is a further problem.

At the administrative level, NGOs have noted that the Government has not established a national policy or plan of action and has no strategy to eradicate violence against women or at least to suppress the obstacles mentioned above and encourage victims to report violence; the victims now have no protection. The lack of a system of data collection, follow up and/or evaluation of actions taken in cases of violence is also detrimental.

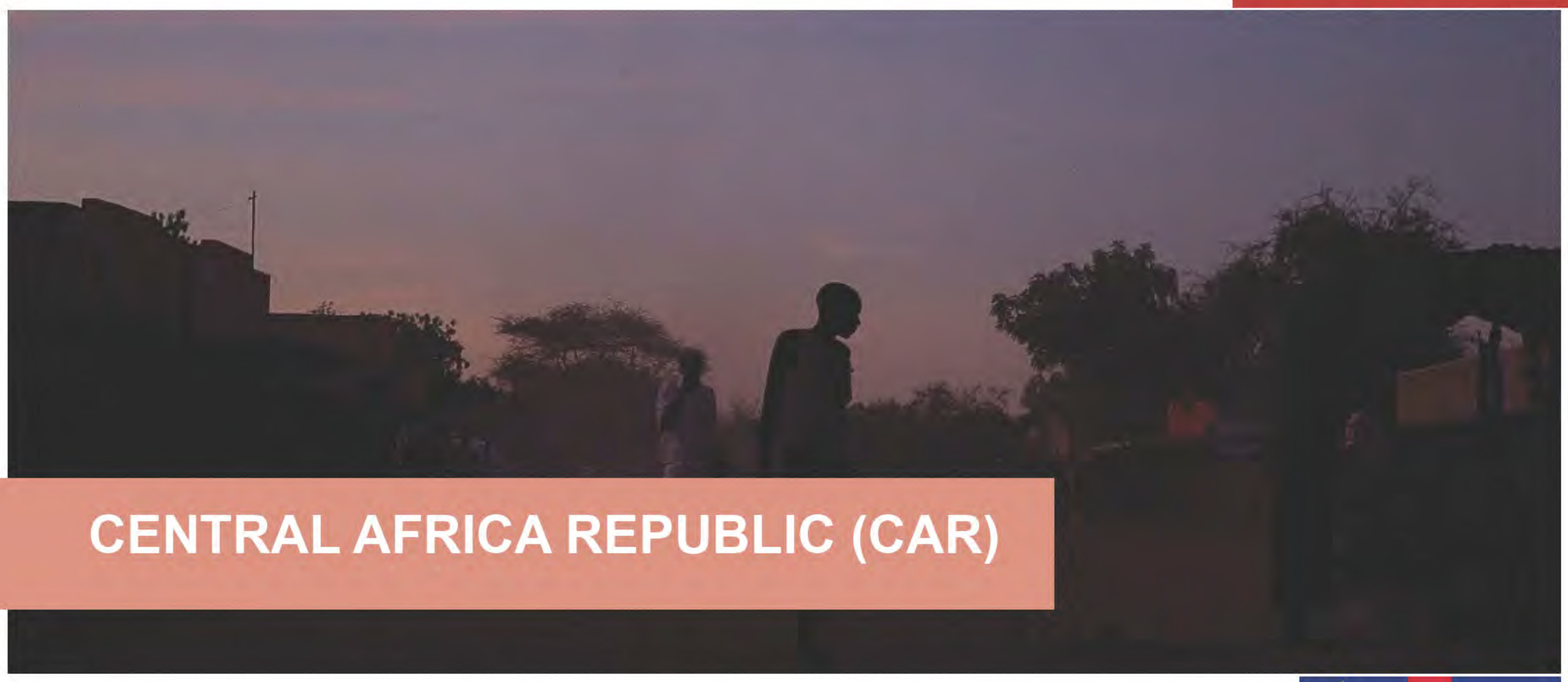
Punishments are too lenient to be deterrent. For example, they report that in a case where a survivor of cruel treatment was disabled for 8 months due to physical and sexual violence inflicted by her husband, he was only condemned to 6 months of jail and did not have to pay any compensation. The prosecutor refused to appeal the decision, despite the insistence of the victim and women's organisations that were scandalized by the trivialization of the offence. Moreover, the criminal justice system is riddled with inefficiency, and proceedings can last for up to10 years.

Achievements in summary:

- Enactment of National Reproductive Health Plan which recognises SGBV
- Existence of a Women's Affairs Ministry provides opportunity for streamlining SGBV issues throughout the state system

Main challenges and action points:

- Legal revision for SGBV has not criminalised intimate-partner violence
- The criminal justice system is indifferent to SGBV hence there is a need for across-the-board sensitisation and capacity building e.g. in forensics
- No system for capturing data on SGBV in the health and justice sectors
- Burundi has not ratified the Maputo Protocol



CENTRAL AFRICA REPUBLIC (CAR)

Situation Analysis

The security situation in the CAR remains tenuous. The signing of a ceasefire with the Convention of Patriots for Justice and Peace (CPJP) on 12 June 2011 has brought stability to the north east. However, concerns remain regarding the presence of the Lord's Resistance Army in the south east and the fact that the main rebel groups in the north have not been disarmed. Continuing progress on security sector reform (SSR), including restructuring of the defence as well as modernization and support to the police and judiciary, are critical elements of the transition for the Government. The 2010 UNDP Human Development Report ranks CAR near the bottom of its Human Development Index (159th out of 162 countries) and unlikely to meet its MDG goals.

There was a significant increase in reports of rape during the year as a result of the conflict in the northwest and northeast, particularly along the Kaga-Bandoro-Ouandago-Batangafo axis. One international organization working in the area reported over 200 rape cases for the month of August alone near Kaga-Bandoro. Girls continued to be subjected to FGM in certain rural areas and, to a lesser degree, in Bangui. According to the WHO, overall more that 40 percent of women were victims of FGM. According to data collected by UNICEF, an estimated 36 percent of females between the ages of 15 and 49 had undergone FGM. According to the Association of Women Jurists, anecdotal evidence suggested that the number of girls and women undergoing FGM declined in recent years as a result of efforts to familiarize women with the dangers of the practice. Domestic violence against women, including wife beating, is common. The maternal mortality rate remains high. Out of 100,000 live births, 1,355 maternal deaths were recorded in 2003, against 683 in 1988. This high level of maternal mortality is primarily a result of lack of access to prenatal care (34%), to assisted births (44%), or to contraception (6.9%). The main causes are frequent pregnancies, abortions which occur due to ignorance and lack of contraception, and severe monetary poverty among Central-African women. The results of the HIV serology survey, together with the MICS 2006 survey, show that overall prevalence is 6.2% among men and women aged 15 to 49.

Law, policy and practice on SGBV in the CAR

The CAR has shown its good will to realising the rights of its citizens by ratifying major international human rights treaties such as:

- The International Convention on the Elimination of all forms of Racial Discrimination, ratified on the 16th March 1971;
- The International Convention on Civil and Political Rights, ratified on the 8th May 1981;
- The International Convention on Economic, Social and Cultural Rights, ratified on the 8th May 1981;
- The Optional Protocol to the International Convention on Civil and Political Rights, ratified on the 8th May 1981;

- The African Charter on Human and Peoples' Rights, ratified on the 26th April 1986;
- The International Convention on the Elimination of all forms of Discrimination against Women, ratified on the 21st June 1991
- The Convention on the Rights of the Child, ratified on the 23rd April 1992
- The Statutes of the International Criminal Court, ratified on the 3rd October 2001;

NB: CAR has not yet ratified the Maputo Protocol

The Constitution of 2004 provides an article that may be invoked to emphasise the CAR's commitment to end SGBV. Article 1 says: "The human being is sacred and inviolable. All State Officials, all organizations are under the absolute obligation to respect it." Article 3 clearly specifies that: "Every person has a right to life and to physical integrity. These rights cannot be violated except where the Law is to be applied. No one shall be subjected to torture, rape, or to cruel, inhuman, degrading or humiliating treatment. Any individual, State Official, or Organisation guilty of such acts shall be punished in conformity with the Law." The right to health is provided for in Article 6 of the 2004 Constitution: "The State and Public Authorities have the collective responsibility to watch over the physical and moral health of the family and to encourage this to be done socially by the appropriate institutions." In recognition of this right, the CAR government has put in place measures for the protection of individuals living with HIV/AIDS in the Central African Republic. Medical assistance is granted to destitute individuals infected by HIV/AIDS. With an infection rate of 15%, the CAR occupies the tenth position among the most infected countries in the world, and the first position among the most infected countries in the Central African sub-region. However, a new law establishing the National Programme of access to treatment is remedying this bleak situation by providing for universal access to Anti-retrovirals. There is a law prohibiting rape, though it does not specifically prohibit spousal rape. Rape is punishable by imprisonment with hard labour, although the law does not specify a minimum sentence. Police sometimes arrested men on charges of rape; however, the government did not enforce the law effectively, and the social stigma induced many families to avoid formal court action.

Although the law does not specifically mention spousal abuse, it prohibits violence against any person and provides for penalties of up to 10 years in prison. Spousal abuse was considered a civil matter unless the injury is severe. According to the Association of Women Jurists, a Bangui based NGO specializing in the defence of women's and children's rights, victims of domestic abuse seldom reported incidents to authorities. When incidents were addressed, it was done within the family or local community. The courts tried very few cases of spousal abuse, although litigants cited these abuses during divorce trials and civil suits. Some women reportedly tolerated abuse to retain financial security for themselves and their children. The law prohibits FGM, which is punishable by up to 10 years' imprisonment. The World Bank and other donors re-engaged with CAR in 2004 after several years of absence due to political instability. The bank's country assistance strategy and CAR's poverty reduction strategy paper (PRSP) take cognisance of the need to address some issues of reproductive health rights, such as reducing maternal mortality. The PRSP identifies some of its priority actions in this area as: reducing maternal mortality through provision of emergency obstetric care, antenatal and postnatal consultations, family planning (modern contraceptive methods), suitable gynaecological care and campaigns against harmful traditional practices (such as female genital mutilation). Nevertheless, there is need for a much more explicit linkage between SGBV and SRHR to be reflected in the PRSP and the specific sector plans that will flow from it.

Action Points: There is need for CAR to undertake the following

- Ratification of Maputo Protocol
- Legislation on intimate partner violence
- Linkages between SRHR and SGBV to be reflected in national development plans

CONGO - BRAZAVILLE

Situation Analysis

Congo Brazzaville has taken some important steps towards stabilization after years of chaos and conflict. The constitutional process of 2001-2002, and the elections of 2002 are sign of hope that the era of civil war and power struggles is over. According to data from the Ministry of Women in Development, from1999-2006, 3.1% of women in the country suffered sexual violence, 15.6% were victims of forced labour, 14.2% suffered cuts and bruises as a result of violence; 10.5 % were victims of cruelty, brutalisation and aggression, and 9.2 %suffered from mistreatment, emotional and psychological abuse.

Violence against women, especially domestic violence has been linked to poverty and economic hardship. In its 2008 report to the CEDAW Committee, the government noted that custom and tradition confer upon husbands the right to chastise their wives, which exacerbates domestic violence and shrouds it in a web of silence. Thus, many victims of gender-based violence do not report it or seek redress. Domestic violence usually was handled within the extended family, and only the more extreme incidents were reported to the police.

This was primarily due to the social stigma for the victim, and because such matters traditionally were dealt with in the family or village. No official statistics concerning domestic violence against women were available. Local NGOs, such as the Congolese Association to Combat Violence Against Women and Girls, organized HIV testing and domestic violence public awareness workshops and offered training for community chiefs, police officers, health workers, magistrates, journalists, and others from the public and private sectors. Other NGOs, including the local Human Rights Centre, the International Rescue Committee, and Doctors Without Borders continued to draw attention to domestic violence and provided counselling and assistance to victims. There continue to be unconfirmed reports of trafficking of children by West African immigrants living in the country, as well as trafficking of children from the DRC. Female genital mutilation (FGM) is not practiced indigenously and is against the law. However, it occurs in some immigrant communities from West African countries where it is common. There were no known government or other efforts to investigate or combat FGM.

Legal, Administrative and Policy Measures Against SGBV: Achievements and Constraints

Congolese law aims at providing a moderate degree of protection for the physical integrity of women. The Criminal Code prohibits several types of violence against women. However, traditional practices and modern laws both place men at the head of the family, and are perceived as conferring upon husbands the right to chastise their wives. Domestic violence is rarely reported but believed to be widespread. Rape, including spousal rape, is illegal. However, the government did not effectively enforce the law. The law prescribes five to 10 years in prison for violators. Rape was common, although the extent of the problem was unknown because the crime was seldom reported.
There was no evidence that rape was part of organized or targeted campaigns of violence, according to international NGO officials. Depending on the severity of the circumstances, the penalties for rape, despite what the law requires, in practice could be as few as several months but rarely more than three years' imprisonment. Less than 25 percent of reported rape cases were prosecuted, according to local and international NGO estimates. There were no statistics available on the incidence of rape. There were no specific provisions under the law outlawing spousal battery, other than general statutes prohibiting assault. Trafficking could be prosecuted under existing laws against slavery, prostitution, rape, illegal immigration, forced labour, and regulations regarding employer-employee relations. However, there were no known cases of the government prosecuting any trafficker under these laws. The ministries of security, labour, and social affairs, as well as the gendarmerie, have responsibility on trafficking issues.

Government and Institutional Response to SGBV

The government and the NGOs are working hand in hand to improve the status of women in the Congo Brazzaville. Various workshops have helped develop innovative action plans to fight against violence inflicted on women. There are some projects that have been set up with the objective of fighting violence against women and girls. The association of Feministes Congolaises (Congolese Feminists) has been at the forefront of the fight against GBV. The projects aim to educate and provide psychological support to young female students, students, disabled, and those infected by HIV /AIDS. Among the targets of the projects are police, soldiers, policemen and women, as well as the media. Notably, Feminsites Congolaises have taken an innovative approach using ICT. For example, denouncing uncivil acts, such as sexual harassment, domestic and physical violence via phone messages (SMS, MMS) or video films and radio broadcasts. It is hoped that computer and internet training will be given to victims of violence to provide them with an anonymous forum where they can receive support and find redress. The statistics on cases of violence of each project will be collected and published on the blog http://feministescongo.wordpress.com.

The selected associations are the Dynamic Plural Association, the Women Solidarity Association in Brazzaville, the Youth Club Infrastructure and Development, the Legal Junior Counter in Pointe-Noire, and the Disabled without Borders in Pointe-Noire. They are considering working with high school girls on sexual harassment and educate teachers and students on the law Portella and Potignon, which prohibits the relationships between them. The disabled people will receive computer training, learn how to record sound with mobile phones and to process images as a means of reporting violence. ICT is at the forefront of strategies to combat SGBV in the Congo. Activists use blogs to regularly file case studies and keep each other informed on relevant issues; survivors of violence blog about their experiences for therapeutic and information purposes. Other spaces such as Facebook have also played a role, by providing an avenue for communication between actors and survivors of SGBV. There is information on how to seek redress, where and how to file a complaint relating to SGBV. The Government has facilitated the strategy by promoting the accessibility of fibre-optic broad band throughout the country. The government aims to ensure internet access across the country as a method of development in general and including fighting SGBV. As of 2006 when the Congo-Brazzaville submitted its report to the African Commission of Human and Peoples' Rights, a draft bill on Violence Against Women was in the process of being drafted. Whether or not this has since passed into law was not ascertainable at the time of this study.

Action Points: The Government of Congo Brazzaville

- Has not ratified the Maputo Protocol
- Is yet to pass Legislation on domestic violence

THE DEMOCRATIC REPUBLIC OF CONGO (DRC)

Introduction

Since 2001, the country has been recovering from a series of conflicts that occurred through most of the 1990s. Since the signing of the Lusaka Peace Accord, which established a transitional government, the country has made significant political progress. New institutions, such as Parliament, the Senate and provincial assemblies, are now operational. Even though most of the country is fairly peaceful, socioeconomic conditions leave much to be desired, especially in the eastern provinces. The country's infrastructure has been damaged by the conflicts. The United Nations estimates that there are some 2.3 million displaced persons and refugees in the country and 323,000 DRC nationals living in refugee camps outside the country. In many of the more unstable parts of the country, the DRC conflicts have had an impact on the population, causing high rates of sexual violence.

Situation Analysis

The situation of SGBV in the DRC has achieved international notoriety and in many ways has come to epitomise SGBV in situations of armed conflicts in the GLR. There were continuing reports of rape of civilians by members of the security forces. Human rights observers described rape and brutality against women and girls as "rampant," particularly in South Kivu Province. Between January and December 2009, the UNFPA reported 12,838 cases of sexual violence against both adults and minors in North and South Kivu and Province Orientale, with a total of 17,507 cases across the entire country. According to the UN Secretary-general's 27th report to the UN Security Council, more than 1,100 women and girls were raped each month in the east alone Incidents of men being raped have been reported as a result of the violence between nongovernmental armed entities and the FARDC. The number of male rape cases may have numbered in the hundreds during the year 2009-2010, but statistics for male rape were even more difficult to compile than those for female rape. Social stigma prevented many male survivors from coming forward. According to the American Bar Association, which ran a legal aid clinic in North Kivu for survivors of sexual violence, 10 percent of its cases during June 2009 were men. NGOs and medical workers reported that the humiliation was often so severe that male rape survivors came forward only if they had urgent health problems. According to HRW, two men whose penises were cinched with rope died a few days later because they were too embarrassed to seek help. There has been a drastic shift in the role of women: there are many female heads of households due to the death of their spouse from armed conflict or HIV/AIDS. Some women have been forced to enlist in combating militias, serve as comfort women for soldiers, or engage in prostitution. Trafficking in women and children for forced prostitution and forced labour is also prevalent. The country was a source and destination country for men, women, and children trafficked for forced labour and sexual exploitation. There were reports of Congolese children prostituted in brothels or by loosely organized networks, some of whom were exploited by FARDC soldiers. Congolese women and children were reportedly trafficked to South Africa for sexual exploitation. No statistical information existed on the extent of

adult or child prostitution. The majority of reported trafficking was conducted in the country's unstable eastern provinces by armed groups outside government control. Indigenous and foreign armed groups, notably the FDLR, and, to a lesser extent, government security forces, continued to abduct and forcibly recruit Congolese men, women, and children to serve as labourers (including in mines), porters, domestics, and sex slaves, although at a much reduced rate from previous years.

Legal, Administrative and Policy Measures against SGBV in the DRC: Achievements versus Constraints

The DRC has ratified the following international treaties that have a bearing on SGBV:

- International Convention on Economic, Social and Cultural Rights (accession on the 1st November 1976),
- International Convention on Civil and Political Rights and the 1st Optional Protocol to the International Convention on Civil and Political Rights (accession on the 1st November 1976),
- Convention on the Elimination of all forms of Discrimination Against Women (ratified on the 17th October 1986),
- Convention on the Rights of the Child (ratified on the 28th September 1990),
- Optional Protocol to the Convention on the Rights of the Child relative to the involvement of children in armed conflicts (ratified on the 12th November 2001),
- Optional Protocol to the Convention on the Rights of the Child relative to child trafficking, child prostitution and pornography featuring children (accession on the 12th November 2001),
- African Charter on Human and Peoples' Rights (ratified on the 20th July 1987),
- African Charter on the Rights and Welfare of the Child, (ratified on the 28th March 2001).
- Statutes of Rome of the International Criminal Court (on the 30th March 2002),
- Geneva Conventions of 1949 on International Humanitarian Law and the Optional Protocols I and II of 1977 (accession on the 20th February 1961 and 30th March 2001 respectively) etc.

The Democratic Republic of Congo has a monistic legal regime, which in many ways provides for a progressive legal framework. The International Agreements and Treaties to which it has adhered or ratified have greater command than the domestic laws. Article 215 of the Constitution of the 18th February 2006 provides that "all the international agreements and conventions which have been lawfully concluded have, on publication, a higher authority than the laws governing each agreement or convention without prejudice to its application by the other party".

Article 16 of the DRC Constitution provides:

The human being is sacred. The State has an obligation to respect and protect it. Every individual has the right to life, to physical integrity as well as the free development of his personality subject to respect for the law and public law and order, the right of others and good behaviour. No individual shall be held in slavery or in analogous conditions. No individual shall be subjected to cruel, inhuman or degrading treatment. No individual shall be obliged to engage in forced or compulsory labour.

Articles 43 to 50 of the Penal Code punish assassination, murder, simple voluntary grievous bodily harm or aggravated grievous bodily harm. The law criminalizes rape, but the enforcement is rare. The law on sexual violence, enacted in 2006, broadened the definition of rape to include male victims, sexual slavery, sexual harassment, forced pregnancy, and other sexual crimes not previously covered by law. It also increased penalties for sexual violence, prohibits compromise fines and forced marriage, allows victims of sexual violence to waive appearance in court, and permits closed hearings to protect confidentiality. It rose the age of sexual consent to 18 years old, although the family code establishes that girls can marry at the age of 14. The minimum penalty prescribed for rape is a prison sentence of five years. Legislation enacted in 2006 broadened the definition of rape to include male victims, but the law does not recognise spousal rape. The minimum penalty prescribed for rape is a prison sentence of five years. Trafficking in persons is provided for in several laws. The laws that could be used by the government to prosecute cases against traffickers included the 2006 law on sexual violence, which prohibits forced prostitution and sexual slavery, as well as legislation prohibiting slavery, rape, and child prostitution. The constitution forbids involuntary servitude and child soldiering; however, existing laws do not prohibit all forms of trafficking.

Government and Institutional Response to SGBV

Perhaps because of its notoriety, the DRC Poverty Reduction Strategy Paper is one of the few that specifically mention SGBV as a problem that affects development and that needs to be tackled through various measures including justice for victims, health provision and psycho-social and economic support. Nevertheless, in practice, little progress has been made as MSF continues to handle huge numbers of victims of SGBV; up to 45 cases a month.
The lack of progress in tackling SGBV in the Congo has been attributed to widespread impunity for violations. Of the 14,200 rape cases that were registered in South Kivu between 2005 and 2007, only 287, or 2 percent of the cases, were taken to court. Impunity in the state security forces is exacerbated by the weaknesses of the justice system.

The government prosecuted and disciplined few security force personnel for abusing civilians. According to the UN secretary-general's report on the DRC situation to the UN Security Council 2010 military justice institutions continued to face shortages of military judges and prosecutors, with only 350 of a required 818 military magistrates being deployed. Magistrates, prosecutors, and investigators are poorly trained, have little or no resources for investigations, and limited, if any, access to legal codes. In addition, the military justice system is undermined by political and command interference, and security arrangements for magistrates in conflict-affected areas remained inadequate. Magistrates who attempted to investigate politically connected high-level FARDC officers were threatened as were witnesses providing information to judicial officers. According to a HRW July 2009 report, Soldiers Who Rape, Commanders Who Condone, the military justice system remained a weak institution. HRW notes that only a small fraction of the total number of acts of sexual violence committed by FARDC soldiers have been prosecuted. As an example, HRW reported that, during 2008, 27 soldiers were convicted of crimes of sexual violence in North and South Kivu. During the same year, the UN registered 7,703 new cases of sexual violence (by FARDC soldiers and other perpetrators) in North and South Kivu.

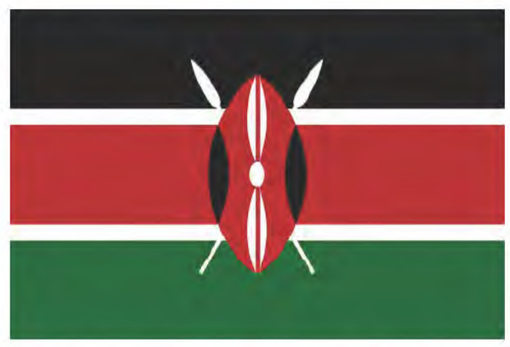
The Operational Military Court, which the government established during the year to address abuses committed by FARDC officers during military operations, made some progress in prosecuting a small number of low-ranking perpetrators. However, it lacked adequate staff, the ability to conduct its own independent investigations, and the power to undertake high-level prosecutions. Most of the prosecutions undertaken by the military justice system continued to be lower-ranking officers or soldiers; rarely were mid-level or senior-level officers investigated for having committed acts of sexual violence. Although no general had yet been convicted, either for his own actions or for failing to control his troops, a general (General Jerome Kakwavu) was arrested for rape and other crimes in April. When they were convicted, sentences were rarely carried out. For example, in July 2009 a military court found Lieutenant Colonel Ndayambaje Kipanga guilty of raping four girls in Rutshuru, North Kivu. Prior to the arrest of General Kakwavu, he was the highest-ranking FARDC officer convicted.

The Women's Synergy for Victims of Sexual Violence (SFVS) and nine other North Kivu-based NGOs have urged the government to modify an existing law that makes it difficult for them to seek reparations for sexual violence. The law requires victims of sexual violence to pay the public treasury 15 percent of the amount of damages sought in advance of any judgment. According to SFVS, in the rare instances in which reparations were awarded, defendants bribed judges, resulting in "lost" case files, effectively preventing the payment of reparations to victims. A group of special rapporteurs and representatives, including the UN Special Rapporteur on Violence Against Women reported in March 2009 that the government had been ordered by multiple courts in the country to pay compensation to a number of women raped by state security agents. However, none of the rape survivors had received compensation.

Action Points: the Government of the DRC should

- Ratify Maputo Protocol
- Legislate against intimate partner violence including spousal rape
- End impunity for perpetrators of violence against women by adequately facilitating the military and civil justice systems to handle the cases.
  Enact appropriate legislation for facilitating reparations for victims of violence.

KENYA



Situation Analysis

During the year 2006-7, the Nairobi Women's Hospital received 2,562 sexual assault and domestic violence cases. The youngest rape victim was five months old. According to police statistics, there were 2,736 reported rapes nationwide in 2006, compared with 2,867 reported in 2005. At Kenyatta Hospital, currently an average of 60–70 women are treated for gender-based violence per month — an increasing number for domestic and other forms of intimate partner violence. However, these statistics may have underreported the problem, since social mores discourage women from going outside their families or ethnic groups to report sexual abuse.

Domestic violence against women is a serious and widespread problem. In December 2007 NGOs reported an increase in rape during the post-election violence. The 2009 Kenya Demographic and Health Survey revealed that more than half of women had experienced domestic violence after the age of 15. Wife beating is prevalent and usually, but not always, condoned by society. Moreover, there is a culture of silence surrounding gender-based violence that makes collection of data on this sensitive topic particularly challenging. Even women who want to speak about their experiences of domestic violence may find doing so difficult because of feelings of shame or fear.

Female Genital Mutilation (FGM) which is condemned widely by international health experts as damaging to both physical and psychological health is still practiced in Kenya by certain ethnic groups and remains widespread, particularly in rural areas. Often, FGM is institutionalized through culture and tradition. The Kenya Demographic Health Survey of
2003 showed that in the North Eastern province of Kenya, 98.8 % of women undergo FGM. Of the country's 42 ethnic groups, only four (the Luo, Luhya, Teso, and Turkana, constituting 25 percent of the population) did not traditionally practice FGM. According to the NGO Maendeleo Ya Wanawake (Development of Women), the percentage of girls undergoing the procedure was 80 to 90 percent in some districts of Eastern, Nyanza, and Rift Valley provinces.

The country has been and still is a source, transit, and destination country for men, women, and children trafficked for forced labour and commercial sexual exploitation. Children were trafficked within the country for domestic servitude, street vending, agricultural labour, and commercial sexual exploitation, including in the coastal sex tourism industry. Men, women, and girls are trafficked to the Middle East, other African nations, Europe, and North America for domestic servitude, enslavement in massage parlours and brothels, and forced manual labour. Foreign employment

agencies facilitated and profited from the trafficking of Kenyan nationals to Middle Eastern nations, notably Saudi Arabia, the United Arab Emirates, and Lebanon, as well as to Germany. Chinese, Indian, and Pakistani women reportedly transited Nairobi en route to exploitation in Europe's commercial sex trade.

Brothels and massage parlours in Nairobi employed foreign women, some of whom were likely trafficked. Asian nationals were trafficked into the country and coerced into bonded labour. Human trafficking in the country began to attract attention from the media, the public, and the government, especially after the release of the joint UNICEF/ Ministry of Home Affairs research report in December 2006. The report, Extent and Effect of Sex Tourism and Sexual Exploitation of Children on the Kenyan Coast, stated that 10,000 to 15,000 girls living in four main coastal resort areas were involved in prostitution--up to 30 percent of all 12- to 18-year-olds living in these areas.

Law, policy and practice on SGBV in Kenya

Kenya has signed and ratified most of the international conventions that address SGBV, but being a dualist country, requires their domestication in order for them to become operational. The Child Rights Convention has been fully ratified through the Children Act. Nevertheless, Kenya made significant progress with the promulgation of a new Constitution in 2010. Articles that address SGBV include article 29, which provides that “Every person has inherent dignity and the right to have that dignity respected and protected... Every person has the right to freedom and security of the person, which includes the right not to be—
(a) deprived of freedom arbitrarily or without just cause;
(b) detained without trial, except during a state of emergency, in which case the detention is subject to Article 58;
(c) subjected to any form of violence from either public or private sources;
(d) subjected to torture in any manner, whether physical or psychological;
(e) subjected to corporal punishment; or
(f) treated or punished in a cruel, inhuman or degrading manner.

Article 30 protects against slavery or servitude and forced labour. Article 43 provides the right to health, including health care and reproductive health care. Article 59 establishes a human rights and equality commission with responsibility for enforcement of the Bill of Rights provided under the Constitution.

Kenya has the following legislation to protect women and girls from violence: Children’s Act; Sexual Offences Act; HIV/AIDS Prevention and Control Act; and Public Officer Ethics Act. There is still no law that protects women and girls from domestic violence, and marital rape is not considered a crime in the country. Civil society organizations

have been working for the passage of three bills that address violence against women: Matrimony Property Bill; Marriage Bill; and the Domestic Violence (Family Protection) Bill.

In 2006 the government enacted the Sexual Offenses Act, which is a fairly comprehensive law criminalizing rape, defilement, trafficking, sex tourism, and sexual harassment. However, it has no provision for marital rape. The new law maintains the existing maximum penalty of life imprisonment for rape. The law established minimum sentences for both rape and defilement--defined as an act with a child involving penetration--with higher penalties for the latter. It defines a child as any person less than 18 years of age, consistent with the children's act and thereby raising the age of consent to 18.

Kenya has developed National Guidelines on the Management of Sexual Violence in Kenya (2009). The guidelines are meant to ensure enforcement of the Sexual Offences Act 2006, and provide comprehensive step-by-step information on medical management, psycho-social support and forensic management of sexual violence. They seek to integrate the medial and legal aspects of SGBV management in order to ensure success in the prevention and suppression of SGBV. In addition, the government as developed manuals for training health workers and the police on the management of sexual violence cases. Thus, there have been attempts to train the judiciary, prosecutors, desk police officers, CID investigators, and health workers on provisions of the new act. However, many law enforcement officers remain untrained on, or ignore, the new law. Implementation remains limited, and sexual offenses are largely underreported.
The rate of prosecution remained low because of cultural inhibitions against publicly discussing sex, victims' fear of retribution if they report crimes, the disinclination of police to intervene in domestic disputes, and the unavailability of doctors who otherwise might provide the evidence necessary for conviction. Moreover, traditional culture permits a husband to discipline his wife by physical means. The law does not specifically prohibit spousal rape.

The Penal Code does not contain specific provisions against domestic violence, but treats it as assault. Police generally refrained from investigating cases of domestic violence, which they considered private family matters. A draft Domestic Violence (Family Protection) Bill is pending to be introduced in Parliament.

The Children’s Act 2001 prohibits the performance of FGM on minors and early or forced marriages of a person under the age of 18 in section14. The Prohibition of Female Genital Mutilation Act 2011, passed only weeks ago, seeks to close loopholes in current legislation; the new law, for instance, would remove the requirement for the police to obtain a warrant to enter premises where they suspect FGM/C is being carried out. It even prevents derogatory remarks from being made against women who have no undergone FGM.

Government and Institutional Responses to SGBV

Yet, FGM continues to persist in Kenya and is carried out clandestinely in many parts of the country due to strong traditional customs. There were more public awareness programs intended to prevent the practice, in which government officials often participated. Some churches and NGOs provided shelter to girls who fled their homes to avoid becoming victims, but community elders have frequently interfered with attempts to stop the practice. Nevertheless, government officials continued to attempt to stem FGM. In January three women were fined approximately $1,550 (100,000 shillings) for making their daughters undergo FGM. In February two district commissioners for Loitokitok and Kajiado instructed police to arrest anyone perpetrating FGM. They noted that some older men were sneaking girls out of schools to take them away for FGM, and that more than 10,000 girls from Kajiado fled to rescue centres to avoid FGM.

Various communities and NGOs have instituted "no cut" initiation rites for girls as an alternative to FGM. According to the Family Planning Association of Kenya, its "no cut" program, called Ntanira na Kithomo (Initiate Me through words). The Kenya Council of Imams recently issued a strong statement condemning FGM, saying that the Quran teaches against any practices that harm people and prevent them from fully worshipping Allah. The Government is very supportive of the Nairobi Women's Hospital - a private sector initiative that provides medical aid to victims of gender violence. It is intended that this initiative be replicated in other parts of the country in both provincial and district hospitals. This work is being undertaken through a collaborative initiative between the Government and Liverpool Voluntary Counselling and testing.

The health status of the Kenyan population has improved over the past few years. The results of the 2004 Kenya Demographic and Health Survey (KDHS) shows progress in some of the basic health indicators. The Government plans to improve maternal health services through promotion of safe motherhood and has a target of progressively reducing maternal deaths which in 2003 stood at 414 deaths per every 100,000 births. There are various Government initiatives aimed at improving the health of women which have realised modest but significant improvements namely: the National Hospital Insurance Fund (NHIF), Constituency Aids Committees, Medical Board, and Millennium Development Goals (MDG) initiates targeting Malaria, HIV/AIDS and TB.

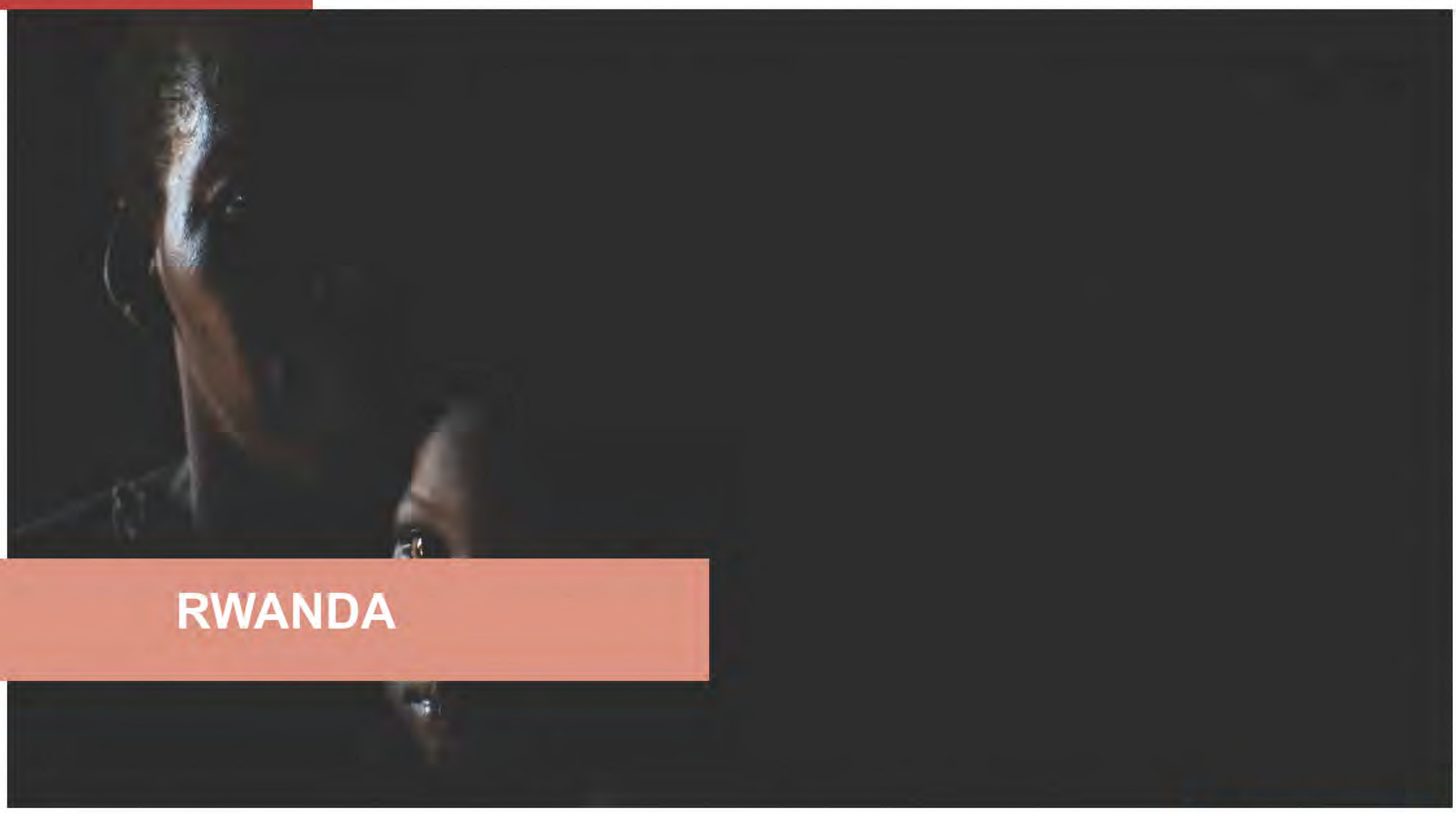
However, the second Report on Poverty in Kenya revealed that about 43.8% of the rural poor did not seek medical care when they are sick due to inability to cover the cost of medical care compared to only 2.5% who were constrained by distance to a health facility. In the year 2003, 88% of women received antenatal care from a medical professional, either from doctors (18%) or nurses or midwives (70%). A small fraction (2%) received antenatal care from traditional birth attendants, while 10% did not receive any antenatal care.

The Sexual Offenses Act and the Children's Act criminalize trafficking of children and trafficking in persons for the purpose of sexual exploitation. The government has recognized the Day of the African Child on June 16 and dedicated the day to the fight against child trafficking. The minimum penalty for trafficking for sexual exploitation is 15 years' imprisonment, a fine of up to $27,400 (1,918,000 shillings), or both. However, fines in practice are limited, and jail time rarely imposed. Laws prohibiting the forcible detention of women for prostitution, child labour, transportation of children for sale, and the commercial sexual exploitation of children can also be used to prosecute trafficking-related offenses. On June 25, the National Steering Committee to Combat Human Trafficking, chaired by the Vice President's office and the Ministry of Home Affairs permanent secretary, selected a task force of government agencies, NGOs, and UN agencies to draft a national plan of action and a smaller group to serve as a secretariat. Police have assisted with international trafficking in persons investigations in other countries. The police assisted the International Criminal Police Organization (Interpol) in investigating the suspected trafficking to Ireland of four children ages four to 14 years. At year's end police, were continuing to work with Interpol to investigate the case of a 19-year-old woman allegedly trafficked to Holland.

Action Points:

- There is need to enact the Domestic Violence Act in order to consolidate the gains that are being made so far.
- There is need to complete training the health workers throughout the country, police and other players in the Justice system to handle cases of SGBV appropriately.


USA



RWANDA

Situation Analysis

Rwanda's post-genocide recovery has been quite phenomenal. Despite the gains that have been made, various forms of SGBV are prevalent; mostly domestic violence and rape. According to police records (annual reports 2008 & 2009), Gender-Based Violence is more frequently perpetrated within families (domestic violence).

In Rwanda, rape and other gender-based violations carry a severe social stigma. Rwandan women who have been raped or who suffered sexual abuse generally do not talk about their experiences publicly, fearing that they will be rejected by their families and the wider community and that they will never be able to reintegrate or to marry. Others fear retribution from their attackers if they speak out.

Survivors of sexual abuse during the genocide suffer persistent health problems. According to Rwandan doctors, the most common problem they have encountered among raped women who have sought medical treatment has been sexually transmitted diseases, including HIV/AIDs (although it is often impossible to know if this is due to the rape).A large number of women became pregnant as a result of rape during the genocide. Pregnancies and childbirth among extremely young girls who were raped have also posed health problems for these mothers. The "pregnancies of the war," are estimated by the National Population Office to be between 2,000 and 5,000.

Laws, Policy and Practice on SGBV in Rwanda

The Government has ratified the following relevant instruments:

- The African Charter on Human and Peoples' Rights;
- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa;
- The UN Convention on the Rights of the Child;
- The African Charter on the Rights and Welfare of the Child;
- The ILO Convention 182 on the Worst Forms of Child Labour; and
- The Optional Protocol on the Convention of the Rights of the Child on Child Trafficking, Child Prostitution and Child Pornography

The preamble to the 2003 Rwandan Constitution affirms the fundamental rights of all citizens of Rwanda as found in the United Nations Declaration of Human Rights and other human rights instruments. Article 10 of the Constitution of June 04, 2003, stipulates that “the human person is sacred and inviolable.” Article 15 of the Constitution declares every person’s right to physical and mental integrity and specifically prohibits torture, physical abuse and cruel, inhuman or degrading treatment.

The National Strategic Plan Against Gender Based Violence, 2011-2016 was drafted and adopted by the Ministry responsible for Gender and its civil society partners is a giant step in addressing SGBV in Rwanda. The law No 59/2008 of 10/09/2008 (commonly called ‘’GBV law’’) on prevention and punishment of gender based violence will equip the judiciary with an appropriate legal instrument to prevent and fight gender based violence. In addition, GBV committees were established from the central level until the village/Umudugudu level, with the purpose of ensuring the implementation of laws, policies and strategies to prevent and eradicate GBV.

Government and Institutional Response to SGBV

In 2009 the Rwanda Police Force created the ISANGE One Stop Centre, a facility that houses both physical and mental health services and a police desk. Women who come here can receive medical care, support and report crimes in a safe place. The government has established a hot line for domestic violence together with an examination room, trained counsellors, and easy access to a police hospital for more intensive interventions at the Police Headquarters in Kigali. Each of the 62 police stations nationwide had its own gender desk, trained officer, and

public outreach program. The National Gender Desk in Kigali monitors investigations and prosecutions nationwide into gender-based violence.

Rwanda has also made efforts to sensitise its army on SGBV. The Rwanda Defence Forces (RDF) appointed a GBV focal point at its headquarters in October 2007. In partnership with the United Nations Development Fund for Women (UNIFEM), the RDF made concrete steps to establish a GBV Desk within the Headquarter and at decentralized levels to coordinate GBV related issues. The Desk will support work to design programs and projects, make follow-up reports, and collect information related to GBV and violence against women. In addition, soldiers and officers will receive training on various aspects of SBVG.

The National Plan of Action against SGBV in Rwanda identifies the following strengths, opportunities, weaknesses and threats:

STRENGTHS

- Strong legal and policy framework
- Political will to eradicate gender inequality and GBV
- Existence of community-based structures and organizations addressing GBV
- Dedicated staff and resources in government agencies (e.g. Gender Desks in the RDF and RNP)
- Toll-free hotlines for reporting crimes and accessing information
- Extensive awareness-raising activities related to gender and GBV

WEAKNESSES

- Insufficient coordination between different actors working on GBV
- Focus on prevention to the extent that the capacity for response interventions suffers
- Referral process not known by all beneficiaries
- Inaccessibility of services for many victims (due to distance and/or cost)
- Lack of rehabilitative work with perpetrators to prevent reoffending
- Insufficient coherence within monitoring and reporting systems

OPPORTUNITIES

- GBV/CP Committees and anti-GBV Clubs at all administrative levels
- Existing One Stop Centres in Kigali and in Rusizi
- Government commitment to mainstream gender into ministerial action plans and activities
- Small scale economic empowerment programmes for women
- Increasing efforts to involve men and boys in the fight against GBV
- Recognition amongst service providers of the need for specialized training and capacity building

THREATS

- Persistence of some negative social attitudes and behaviour
- GBV interventions not well coordinated and harmonized
- Insufficient financial and human resources are dedicated to GBV prevention and response

SOUTH SUDAN AND SUDAN

Situation Analysis

Five years after the official end of the civil war, SGBV remains prevalent in Southern Sudan. Women and children are raped and abducted, with sex workers and women of foreign origin particularly vulnerable. With insecurity increasing in many regions of Sudan, SGBV has become more frequent, and women are now specifically targeted during violent inter-ethnic conflict. Sudan's security and armed forces are responsible for much of this violence.

Women and girls in Southern Sudan suffer human trafficking, including for sex work. According to the UN High Commissioner for Refugees (UNHCR)'s 2009 report on trafficking in Sudan, women throughout Sudan are vulnerable to being trafficked within the country for domestic servitude and internationally for sexual exploitation. In Southern Sudan, the Lord's Resistance Army (LRA), kidnaps girls "for use as cooks, porters, and combatants; some of these children are also trafficked across borders into Uganda or the Democratic Republic of the Congo." Southern Sudanese girls and boys have experienced "inter-tribal abduction."

Female genital mutilation (FGM) remains widespread, particularly in the North, but estimates on its prevalence varied widely. A 2006 Sudan Household Health Survey, the most recent available, reported FGM incidence at 69 percent.

Laws, Policy and Practice on SGBV

The draft Constitution of the new Republic of South Sudan provides protection of the right to life, physical and mental integrity. Article 11 says: "Every person has the inherent right to life, dignity and the integrity of his or her person which shall be protected by law; no one shall be arbitrarily deprived of his or her life." Article 12 protects personal liberty: "Every person has the right to liberty and security of person; no person shall be subjected to arrest, detention, deprivation or restriction of his or her liberty except for specified reasons and in accordance with procedures prescribed by law."

Article 16 provides for the rights of women. It grants them full dignity of the person with men and obliges the government to combat harmful customs and practices that undermine their dignity. The government is further obliged to provide special protection for maternity and medical care for pregnant women. Currently, the legal system is woefully inadequate to address SGBV in Sudan. Most civil and criminal cases in Southern Sudan are decided on the basis of customary law. Formal laws about rape and sexual violence create barriers for women seeking justice. Rape is categorized in Sudan as one of the many offenses that amount to zina. Often loosely translated to mean “adultery,” zina actually encompasses a much broader range of sexual-immorality crimes, including sodomy and rape.

The definition of zina relevant to rape is non-consensual sexual intercourse outside of marriage. This does not cover a husband who rapes his wife. Furthermore, if a woman is raped by a man who is not her husband, she may be prosecuted under the adultery form of zina if she cannot prove the sex was not consensual. Moreover, the woman bears an excruciatingly high burden of proof in such matters. The penalty for zina in the Southern States is imprisonment or a fine or both. Moreover, government officials are immune from rape prosecutions. This includes members of the military, security services, police, and border guards. Therefore, women may be hesitant to bring their case to a formal court if they know their claim could be turned against them. A 2005 presidential decree of Sudan Government specifically excluded soldiers and officials from prosecution for crimes committed while carrying out their duties. This law has been used to shield members of the military who commit rape from prosecution. Such laws give government officials a license to commit rape with impunity.

The 2010 U.S. State Department Country Report on Human Rights Practices in Sudan found that especially in South Sudan, the court system does not function in many areas due to lack of infrastructure, communications, funding, and an ineffective police force.” There is also a lack of personnel such as lawyers and judges. The Southern Sudanese Police Force (SPSS) is responsible for law enforcement and should file full reports and document gender-based crimes to help the survivors provide evidence in court. However, it lacks resources and capacity.

Ministry of Health bye laws prohibit the practice of FGM by physicians and medical practitioners; however, midwives continued to conduct FGM. In Southern Sudan, performing or causing FGM to be performed is punishable by up to 10 years' imprisonment, a fine, or both. While a growing number of urban, educated families no longer practiced FGM, there were reports that the prevalence of FGM in Darfur had increased as persons moved to cities. FGM was

also increasing in IDP camps in Darfur. The government actively campaigned against it in partnership with UNICEF, civil society groups, and the High Council for Children's Welfare. Several NGOs also worked to eradicate FGM. In partnership with UNDP and other donors, modest attempts have been made to address the problem of SGBV:

- Establishment of a Sexual and Gender Based Violence (SGBV) Working Group that serves as a forum for coordination and collaboration. Led by UNFPA, UNDP and UNIFEM, it brings together representatives from other Un agencies, Government of South Sudan Ministry of Gender, and southern Sudan women's associations. The group has been discussing strategies for developing coherent programming to address SGBV by exchanging information, minimising duplication and implementing collaborative activities.
- Conducted SGBV awareness raising sessions for over 700 beneficiaries, including paralegals, judges, lawyers and the judiciary.
- In collaboration with several UN agencies, provided technical support to the SGBV committees in compiling a national plan on SGBV.
- Established women's committees/centres that are being trained in dealing with SGBV.
- Established a partnership with the Chief Justice, the Chief Prosecutor, the Chief Attorney General in El Fasher, in raising awareness on SGBV and on addressing it. Referred several SGBV cases to the UNDP-supported Legal Aid Network. Conducted a series of Sufi Workshops on Violence Against Women in El Geneina and El Fasher.
- Conducted training on women's rights under the Sudanese law and psychosocial needs of SGBV victims for 25 paralegals and lawyers.
- Conducted awareness raising trainings on SGBV among the local communities by organizing discussion forums for approximately 20 Omdas and Sheikhs.

The World Bank South Sudan Gender Support and Development project aims, inter alia, to support the Ministry of Gender in developing gender plans and strategies. The institutional development component of the project will focus on strengthening the human and institutional capacity of the Ministry of Gender and the relevant ministries of GoSS and all levels of states, counties and payams, so that it can effectively discharge its key functions of developing an efficient policy framework and formulating a strategy to implement the policy. This presents an outstanding opportunity for the introduction of SGBV issues into the policies that will be developed by the Ministry of Gender. Nevertheless, ongoing efforts are hampered by the lack of comprehensive SGBV legislation, the continued preference to settle cases through customary law which rarely promotes the best interests of women and girls, lack of technical support and lack of targeted funding for SGBV.

Hence, the research study conducted by the Yale Law School recommended the following:

- Amend criminal law to provide separate definitions of rape and adultery.
- Study the current customary law system, amend the laws to afford women appropriate rights, and reduce the bureaucratic obstacles women face in seeking justice.
- Change evidentiary rules in rape cases to allow a woman's testimony to have as much weight as a man's.
- Eliminate the requirement in rape cases that there be witness testimony that a sexual act was not consensual.
- Ensure, by executive decree or legislation, that a woman will not be prosecuted for adultery if she is unable to meet the evidentiary standards for proving she has been raped.
- Reform police-reporting processes to be more efficient, confidential, and reliable to ensure that when survivors of GBV seek help, they are protected.
- Support outreach and education programs to make women aware of their rights and to counter the stigma that attaches to survivors of GBV.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TANZANIA

Situation Analysis

Whereas Tanzania has been spared the ravages of SGBV related to armed conflict situations, there are other prevalent forms of SGBV that impact the well-being of Tanzania women and girls. Specific ethnic groups practice FGM in Tanzania and are found in 8 regions out of the total 26 regions. It is estimated that about 18 per cent of Tanzanian women undergo FGM. Tanzanian women have also been targeted as witches, while others have been targeted for their albinism. Alleged witches are killed by persons claiming to be victims of witchcraft, relatives of victims, or mobs. Alipipi Makatole, a local government councillor in Buriaga ward, Tukuyu District, estimates that between January and April, unidentified persons killed six children due to a belief that raping and killing children under age five would bring wealth to the perpetrators. Local authorities and religious leaders held a meeting with residents to condemn the killings and educate the public about witchcraft. On April 18, residents of Mafulala village, Rukwa Region, burned and killed Maria Jorah Salamba for allegedly using witchcraft to kill several children in the village.

123 rape cases were reported to police in Dar es Salaam between March and June 2009. Countrywide, there were an estimated 3,200 reported rape cases that year, with 1,549 under investigation. Of those cases sent to court, 65 resulted in acquittals and 161 in convictions. In Zanzibar 870 rape cases were treated at the Mnazi Mmoja hospital. Mnazi Mmoja in coordination with Save the Children United Kingdom's Zanzibar Office, the Zanzibar Female Lawyer's Association, police officials, prosecutors, and the Department of Social Welfare established a one stop centre at the hospital where rape victims can receive treatment and counselling as well as report these crimes in a safe environment. During that year the Zanzibar Female Lawyer's Association received 108 complaints related to gender-based violence.

Efforts to fight violence against women in Zanzibar are undermined by insensitivity to gender-based violence by the police, the judicial system, and hospital workers. According to the survey, communities considered violence against women a private matter and discouraged victims from taking legal action. The handling of such cases by police and hospitals discouraged victims from seeking legal remedies. Some police officers have been known to make humiliating comments to women who reported cases of rape and sometimes asked for a bribe for their cases to be processed.

Law, Policy and Practice

Tanzania is a member of the United Nations Commission on the Status of Women and is committed to the implementation of the following Convention, Protocols and Declaration: -
Convention on the Elimination of All Forms at Discrimination against Women 1998.

- The Beijing Declaration and Platform for Action 1995.The Beijing +5 Political Declaration and Outcome Document 2000.
- Optional Protocol on CEDAW 2004.
- Optional Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa.
- AU Declaration on Gender Equality 2004.
- SADC Declaration on Gender Development and the Addendum on the Prevention and Eradication of Violence against Women and Children.

Government and Institutional Response to SGBV

Tanzania has taken measures to combat violence against women. In 1998 the Parliament enacted the Sexual Offences Special Provisions Act (SOSPA) which among other things addresses sexual exploitation of women and children, incest, procuration for prostitution, trafficking of persons, cruelty to children and child prostitution. It also addresses forms of sexual abuse like rape, molestation, indecent assault and sodomy, most of which are committed against women and children. A harmful traditional practice like Female Genital Mutilation is prohibited under this law.

In order to ensure that victims of such crimes are brought to justice and to ensure that justice is done, the Government of the United Republic of Tanzania has enacted evidentiary and procedural laws that would install confidence in the victims of such crimes to come forward and testify in privacy. Stiff sentences are given to culprits of rape, specifically punishment of rape (Section 131(1) of SOSPA, 1998) is imprisonment for life with or without corporal punishment or imprisonment of not less than 30 years with corporal punishment, and with fine and an additional payment of compensation determined by the court to the person in respect of whom the offence was committed for and the injuries caused. A National Plan of Action to combat violence against women and children was developed in 2001. The Plan of Action focuses on Legal, Social Economic, Cultural and Political, Services and education, training and awareness building. Based on the NPA in combating violence against women, a National Plan of Action to combat FGM (2001 to 2015) was developed to provide guidance on elimination of Female Genital Mutilation. FGM is criminalized by the law and condemned by the Government, NGOs, CBOs, and religious institutions, local and international communities as violation of human reproductive and women's health rights. In implementing the NPA on FGM various activities were undertaken which include: training of school teachers in order to integrate the knowledge in schools' curricular; sensitization of communities through campaigns, media programmes, seminars, workshops, drama, books, and leaflets on harmful effects of FGM. Awareness raising on the existing laws against FGM is also provided. In addition a number of NGOs undertake training and sensitization activities on the legal and human rights aspects of FGM and participated fully in developing the NPA on FGM.

As a result of the 'Stop Female Genital Mutilation' drive, some mutilators been laying down their tools used to perform FGM and they have joined the campaign of educating the community to stop the harmful practice. Further, some parents and elders, who were hitherto advocates of FGM, come out to denounce the practice in public. First February each year is a national FGM Day, which is used to sensitize the community on the harmful effects of FGM. The government provides a conducive environment for combating FGM by facilitating the establishment of networks. For example, in 2001 the government facilitated the formation of the Tanzania Chapter, which is an integral part of the Eastern Africa Network, on the elimination of FGM. This Chapter has a secretariat composed of different stakeholders including NGOs and is coordinated by the Ministry of Community Development Gender and Children. The Government is signatory to the SADC Declaration on Gender and Development (1997) and its Addendum on the Prevention and Eradication of Violence against Women and Children, (1998). The Declaration is a commitment by SADC Member States placing gender firmly on the agenda of the SADC programme of action and community build-

ing initiatives. Based on the Declaration and Addendum, the Government initiated the preparation of the National Plan of Action to combat violence against women in 2001 which has been discussed earlier. Both the SADC Declaration and the Addendum have been translated into Kiswahili to make them user friendly to majority of Tanzanians at the grass roots level.

In 2001, Tanzania established the Commission for Human Rights and Good Governance. The Commission investigates allegations involving violation of human rights. The Commission also promotes harmonization of national legislations and monitors adherence of the Constitution to human rights standards enshrined in human rights treaties. In its endeavour, the Commission has realised the importance of gender and a special desk dealing with public education and women's rights was established in 2004. As a result of these initiatives, more women willingly come out to report on cases of violence against themselves or their children. Statistics from the Police show an increase in the number of women who reported violence from 2000-2003. The curricula in training institutions for police and magistrates were reviewed to incorporate topics on violence against women and children. 'Don't kick her, kick the ball', is the slogan for a government and United Nations Population Fund (UNFPA) campaign against domestic violence. The campaign uses football to highlight the message of non-violent relationships. It is being implemented by the Ministry of Gender, NGOs and UNFPA. NGOs have also conducted a television campaign to encourage women to speak out about gender-based violence.

The Tanzania Youth United Nations Association has used ICT to gather views and generate discussion among young people on Violence Against Women. It uses its Facebook page for this purpose and has engaged young people to discuss the causes, nature and effects of SGBV against women in Tanzania.

Challenges and Action Points:

- Harmonise and consolidate the law on FGM including the criminalisation of spousal rape
- Continue and complete sensitisation of Health and Criminal Justice Workers on SGBV.

UGANDA

Situation Analysis

Women in Uganda are often victims of domestic violence, sexual violence in the form of rape and defilement, sexual exploitation and abuse, forced prostitution (survival sex), trafficking, forced and early marriage, as well as harmful traditional practices such as female genital mutilation. For the first time, the police in 2008 recorded cases of Domestic Violence as separate crimes in its annual Crime Report. A total of 137 cases of SGBV were reported to police in 2008, in which 156 persons died. The Police Crime Report 2009 reported 10,365 sexual violence cases that were registered nationally. In 2010, there were 159 deaths from domestic violence. These figures show only cases that resulted in death, meaning that most GBV cases are reported when they result in death. This means that many GBV incidents continue to be recorded as threat to violence, assaults, and sexual related crimes. The Police Crime Report for 2010 shows that 8, 645 cases of rape and other sexual offences were reported compared to 599 cases in 2007, indicating a more than 100% increase.

Northern Uganda is beginning to emerge from a protracted civil war marked by high levels of internal displacement. The people of northern Uganda were interred in “specially protected camps” for over 15 years, where the living conditions were dismal and the prevalence of SGBV was high. Today, even though the camps have been disbanded, their lasting legacy of internal displacement, cultural practices, and extreme poverty has made women and girls vulnerable to sexual and gender based violence (SGBV). Men and boys also exhibit multiple types of anti-social behaviour and have become socialized to see violence as an acceptable expression of the frustration accompanying long-term displacement. SGBV is perpetrated in the intimacy of the household, within local communities, and by the parties to the conflict (both insurgents and Uganda armed forces). It has a corresponding effect on the prevalence rate of HIV/AIDS in the region, which is higher than the rest of the country. As the peace process advances, there is a need to reduce SGBV in order to enhance the human security of the population and create conditions conducive to sustainable reconciliation, peace and development.

According to the Ministry of Gender, 39% of women have ever experienced sexual violence, compared to 11% for men and 59.6% of women have ever experienced physical violence since the age of 15, compared to 53% for men. Violence occurs mostly in marriage; 62% of married women have experienced violence compared to 52% never married women. Most perpetrators of physical violence in Uganda are family members and 50.4% of physical violence against women in Uganda is committed by their current husbands/partners. According to Uganda Demographic and

Health Survey of 2006, 60 per cent of women and 53 per cent of men aged between 15 and 49 have suffered physical violence, 39 per cent of women have suffered sexual violence; 16 per cent women have suffered violence during pregnancy. 39 percent women and eleven percent men in Uganda by 2006 had experienced SGBV, while 48 percent women have experienced intimate partner/spousal abuse.

Prosecutions of SGBV are marred by cultural practises and taboos on airing marital affairs in public that make women suffer in silence. These attitudes that generate a culture of silence are replicated at the public level whereby most police stations trivialise reports of domestic violence, preferring to view them as private matters rather than crimes. Traditional justice and dispute mechanisms also reinforce these negative attitudes and most victims of violence fail to obtain substantive justice. In the book' Women's violent crime in Uganda: more sinned against than sinning' by Prof. L Ekirikubinza the connection has been made on women's violent crime and the failure to get meaningful justice at the hands of law enforcement agencies.

Law enforcement agencies such as the Police and the Judiciary lack the capacity to handle the case workload that is obstructing effective justice administration in Uganda. The failure of the police force to provide adequate medical personnel nationally is significant on the ability of victims of SGBV to enforce their rights, as this impacts on the evidence that can be submitted in support of complaints. There is a National Association of Women Judges and Magistrates that is attempting to infuse gender mainstreaming and to raise awareness on Gender and the Law, including on SGBV related issues. However, on the whole, patriarchal attitudes still prevail in the Judiciary. The media also has had the tendency of trivialising and sensationalising SGBV issues to the detriment of victims who report, hence causing a culture of fear of reporting.
CSOs such as Isis –WICCE, CEWIGO and The Uganda Association of Women Lawyers (FIDA Uganda) among others are documenting incidences of SGBV in conflict areas, and the latter provides legal representation for victims of SGBV. In general, access to information for victims is not provided by government to enable them know how to seek justice, causing low reportage. In addition, there are no government or NGO shelters in place to help victims of violence to seek refuge as a first resort.

Laws, Policies and Practice

Uganda is a signatory to many international conventions that address SGBV, including:

- The African Charter on Human and People's Rights
- Universal Declaration of Human Rights,
- International Convention on Economic, Social and Cultural Rights
- International Convention on Civil and Political Rights
- Convention on Elimination of all forms of Discrimination against Women
- International Convention on Elimination of all Forms of Discrimination against women Migrant workers (CEDAW)
- The Convention against Torture
- First Optional Protocol on the ICCPR with reservations on Article 5.
- Convention on the Rights of the Child including the two attendant Protocols (i) The optional protocol to the convention on the Rights of the child on involvement of children in the Armed Conflict. (ii) The optional Protocol to the convention on the Rights of the child in the sale of children, child prostitution and pornography.
- The African Convention on the rights of the child and the additional Protocol on the Rights and welfare of the Child
- The Protocol to the African charter on Human and Peoples' Rights on the rights of women.
- Uganda adopted the UN Security Council Resolution 1325 on Women, Peace and Security, and in 2008 UN SCR 1820 on Sexual Violence in situations of armed conflict.

Article 33 of the Constitution specifically provides for the rights of women. It states:

- Women shall be accorded full and equal dignity of the person with men.
- The State shall provide the facilities and opportunities necessary to enhance the welfare of women to enable them realize their full potential and advancement.

- The State shall protect women and their rights, taking into account their unique status and natural maternal functions in society.
- Women shall have the rights to equal treatment with men and that right shall include equal opportunities in political, economic and social activities.
- Without prejudice to Article 32 of the Constitution, women shall have the right to affirmative action.
- Laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status are prohibited by this Constitution.

A Family Protection Unit is established at every police Station to deal with matters of domestic violence. Extensive sensitization has been conducted countrywide by the relevant arms of Government. Criminal summons can be issued to perpetrators of violence against women. However, Police lack the criminal forensic capacity to collect evidence related to sexual assault, which hampers prosecution and conviction. For example, while there were 619 rape cases registered with the police in 2009, of which 240 went to court, resulting in only 12 convictions. The Domestic Violence Act of 2010 is a milestone in the fight against SGBV. However, the Sexual Offences Bill is still pending and is long outstanding, with important provisions on SGBV such as marital rape being attributed to its being held up. Government has also argued that the Penal Code Act has already provided for key issues in the Sexual Offences Bill. In its report to the CEDAW Committee, the government of Uganda noted the following achievements with regard to SGBV:

- Establishment of an SGBV Reference Group
- Development of a strategy to address GBV (work in progress)
- Inclusion of SGBV in the Minimum Health Care package provided by the MoH
- Development of a training manual, information and emergency kits
- Establishment of a training team on SGBV composed of both government and CSO
- representatives.
- Generation of Data with the Uganda Bureau of Statistics on the status of SGBV to support policy interventions.

Government and Institutional Responses

Training has been undertaken in five districts (Gulu, Kitgum, Pader, Lira and Kapchorwa) reporting some of the highest SGBV prevalence rates. 80% of all health workers have received some training and this has led to an increase in the number of SGBV cases being reported to police. Efforts to establish a model SGBV Recovery Centre in Gulu District are underway through a joint undertaking by MGLSD and Ministry of Health. Other related interventions include the implementation of an SGBV project (2006–2010) which aims at increasing access to information, counselling, social support and treatment of and protection against SGBV and other harmful practices. Under this project, community-based media campaigns against SGBV were carried out in the project area constituted by 5 districts. Sensitization seminars at parish level, radio talk shows and advertisements on SGBV were carried out. Increased awareness on SGBV, pre–disposing factors and appropriate steps to take in the event of SGBV are the outcomes associated with this initiative. Community willingness to report cases of SGBV is gradually increasing in the project area, in addition to commitment of local leaders to address SGBV. The project has recently concluded a study on gender issues in trafficking of human persons that will inform implementation of the United Nations Protocol on Trafficking in Persons.

In addition to these special projects, other measures to address violence against women have included: increasing protection mechanisms through the establishment of the Police Family Protection Units; provision of HIV/AIDS post-exposure prophylactic (PEP) kits at Health Centre III and IV; and capacity building/gender sensitisation programmes for law-enforcement agencies. Government is also in the process of re-establishing and strengthening the Police and Judicial services in the conflict affected regions where the incidence of SGBV is extremely high. However, apart from resource constraints which have affected logistical operations and staffing of law enforcement agencies, attitudinal issues towards GBV particularly from the Police Officers remains a challenge. It is, however, anticipated that this could change if the law that criminalizes domestic violence is passed. The above efforts are complemented by CSO initiatives, e.g. the National Domestic Violence Prevention Initiative, which aims at strengthening GBV

prevention at the community level. Some of the CSOs have undertaken integrated projects which include legal literacy programmes, capacity building, legal aid services, counselling services and shelters for abused women. These initiatives have increased the visibility of GBV; mobilised communities including men in the fight against GBV; and strengthened civil- state relations in the handling of survivors of violence. The CEDAW Committee has expressed concern about several areas of SGBV, including; the prevalence of violence against women and girls, such as widespread domestic violence; the absence of a holistic approach to the prevention and elimination of all forms of violence against women; that such violence would appear to be socially legitimized and accompanied by a culture of silence and impunity. The CEDAW Committee has also stated its concern that cases of violence are underreported, and at reports of corruption in police stations, with some police officers illegally charging fees for free services. There is also notable lack of information on the impact of the measures and programmes in place to reduce incidences of all forms of violence against women and girls. Social support services, including shelters, are inadequate.

The CEDAW has urged Uganda to undertake the following measures and Action points

- Prioritise combating SGBV and adopt comprehensive measures to address such violence
- Raise public awareness, through the media and education programmes, of the fact that all forms of violence against women are a form of discrimination under the Convention and therefore in violation of women's rights.
- Expeditiously adopt the regulations for implementation of the Domestic Violence Act and to develop a coherent and multi-sectoral action plan to combat violence against women.
- Enact a comprehensive law, criminalizing all forms of sexual violence and abuse
- Implement the training for the judiciary and public officials, in particular law enforcement personnel and health service providers in order to ensure that they can provide adequate gender-sensitive support to victims.
- Establish counselling services and shelters for victims of violence.

ZAMBIA

Situation Analysis

According to figures from the Zambia Demographic Health Survey (2007), one in three women had experienced physical violence, whereas five percent (5%) had experienced sexual violence and 15 percent of women in Zambia had experienced both physical and sexual violence. In 2009 alone, 8261 cases of Gender Based Violence (GBV) were reported to authorities, but only 22% of these cases were ever prosecuted. Unfortunately, the statistics do not reflect the true magnitude of the problem, as many cases still go unreported. The most common forms of gender based violence are physical in terms of assault through spouse battering, torture and injuries; sexual in form of rape, defilements and harassment; economic through denial of women and children to access productive resources (e.g. land, food, money and education); psychological in the form of emotional stress and mental torture; and social-cultural by way of using abusive practices in the name of keeping culture and tradition.

Laws, policies and other initiatives against SGBV in Zambia

The Zambian Government has signed and ratified all relevant major international instruments, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), and is a signatory to the African Charter on Human and People‘s Rights (ACPHR), the African Charter on the Rights and Welfare of the Child, as well as the Southern African Development Community (SADC) Declaration on Gender and Development and its addendum on the —Prevention and Eradication of Gender-Based Violence (GBV). In order to fulfil the obligations outlined in these instruments, treaties, and agreements, Zambia has established several key institutions, including the Gender in Development Division (GIDD), the Zambia Women‘s Parliamentary Caucus (ZWPC), the Human Rights Commission (HRC) and the Police Victim Support Units (VSU).

In 1994, Zambia adopted a National Child Policy, National Action Plan (NAP) and National Youth Policy, which was revised in 2004. Zambia also adopted a National Gender Policy in 2000, which identifies Gender-Based Violence (GBV) as a major priority area of concern. In 2006, the Government adopted the Fifth National Development Plan (FNDP) (2006-2010) which outlines Zambia‘s development program for the next five years. In the FNDP, gender has been mainstreamed with the existing macro and sectoral policies and programs. The FNDP also has a separate chapter on gender that allows for easy budgeting and program implementation.
The Penal Code prohibits sexual violence, rape, incest, defilement, neglect and/or desertion of children, coercion, discrimination and other associated abuses. It prohibits offences that endanger life or health, assaults causing bodily

harm, and unlawful compulsory labour. The Penal Code Amendment Act, Act No. 15 of 2005 domesticates, in part, the Convention on the Rights of the Child and provides stiffer penalties aimed at deterring offenders. The Amendment Act also implements some provisions of the Convention on the Elimination of All Forms of Violence Against Women (CEDAW), as they relate to sexual offences against women. Act No. 15 provides the following amendments:

- Introduces the offence of sexual harassment
- Stiffens the penalty of indecent assault by making it a felony and extending the protection under the section to the boy child
- Makes it an offence to prescribe the defilement of a child as a cure for an ailment
- Introduces the offence in respect of trafficking of children
- Introduces a penalty for a person who conducts, or causes to be conducted on a child a harmful cultural practices
- Prohibits the disclosure of information in relation to persons who access information or documentation in the course of duty performed in relation to sexual offences
- Introduces an offence in relation to child pornography
- Provides that where children commit offences under the Act the children will undergo counselling or perform community service.

Steps are being taken to enhance the existing framework in order to improve protections related to Gender-Based Violence (GBV) in Zambia. A Proposed Sexual Offenses and Gender Violence Bill are currently being considered. This is a significant opportunity for progress in national law. The Action Plan is suggesting that vigorous actions be taken to continue the process of consultations on the Bill and to advocate for its enactment.

The Police Victim‘s Support Unit was established in 1994 but started operating fully in 1998 and is now in every province in the country. The national training program at the Police Training College has incorporated issues of gender violence in the curriculum/syllabus aimed at sensitizing law enforcement officers about gender violence and how to deal with such cases. However, data collected by the VSU is not comprehensive enough, and resources allocated to the VSU are limited, as is the capacity of the VSUs outside of Lusaka to conduct investigations and outreach in their respective provinces.

The SGBV Communication Strategy for Zambia has identified the following specific gaps and challenges that should be addressed:

- There is a general lack of a GBV data collection and management systems that defines the kind of data to be collected and how this data will be managed. The situation is compounded by the lack of appropriate standardized data collection tools.
- There is no common definition of various gender based violence offences, allowing judges wide interpretation, often leading to inconsistent court decisions and/or decisions that exemplify traditional attitudes that blame the survivor/victim.
- There is no specific domestic violence legislation, such that despite amendments to the penal code enhancing protections for women and children, many perpetrators of intimate partner violence typically act with impunity.
- Customary law often overrides statutory law, such that even where statutory law provisions might protect a survivor/victim, customary law and practice prevail. At the local level, survivors‘/victims‘families more often opt for compensation through customary courts rather than pursuing criminal proceedings through the penal system. Customary law has not been codified in order to better assess its response to GBV issues/cases.
- There are no policies across health, psychosocial, or legal sectors mandating coordinated, prompt and supportive services to survivors/victims, nor standardized data collection to monitor GBV incidents and/or ad equacy of response. Parliamentarians and other government officials have limited knowledge about the preva lence and roots of Gender-Based Violence (GBV).

- Relevant sectors do not have the technical, logistic, or financial and human resource capacity to adequately monitor and respond to the preventive aspects and the management of SGBV. For example, with respect to the provision of psychosocial support, most social workers from the relevant institutions have no specific

training in addressing GBV cases, and have little institutional support. Counselling services are not widely available. Social workers have large caseloads and extremely limited resources, resulting in difficulties in pro viding adequate services to survivors/victims. The health sector does not have a policy or guideline on health sector response to gender-based violence, nor do the health professionals have adequate capacity to routinely identify and manage cases of GBV. Most hospitals and clinics lack adequate drugs, equipment and supplies to diagnose or treat problems associated with GBV.

- Survivors/victims have to pay for medical forensic examination where such a service is available, but in general these are difficult to access outside Lusaka. There is no standard medical response outside of the One Stop Centres, nor is post-exposure prophylaxis routinely available to sexual assault survivors/victims.

Lack of adequate strategy for community mobilization and behaviour change communication to prevent GBV. Information on gender-based violence is not properly accessed by a large number of women in particular and communities in general, especially in rural areas. There is a need for the media to be fully involved at all levels to ensure that information is accessed at community as well as national level. The media are not sufficiently trained in order to sensitize, build capacity, and foster closer collaboration between women‘s groups and organizations working with women and children, as well as activities around mobilization of men, since the directorate for gender cannot do it alone.

The following interventions are required

- There is need to enhance the capacity of members of the judiciary and the criminal justice system with the requisite knowledge, information, skills and experience to render the expeditious handling of cases of GBV.
- It is necessary to extend the operation of Victim Support Units (VSUs) to police posts where the majority of the population can access them. VSUs suffer logistics, transport, and manpower problems, especially in the provinces. VSU officers have limited training in addressing various types of violence against women and children, interview offices may not be private, etc. There are not private rooms where survivors/victims are interviewed, and insufficient numbers of same-sex police officers to conduct interviews. Few officers are specialized to differentially address specific types of GBV, such as domestic violence.

The Strategy identifies the following opportunities

- The availability of an operational National Gender Policy and Implementation Plan
- The amendment of the Penal Code
- The National Action Plan for reducing HIV/AIDS among women and girls
- The availability of an operational , Reproductive Health Policy, and HIV/AIDS Policy
- A Draft Bill on Domestic Violence
- Commitment for support by the UNCT, Bilateral and Multilateral agencies in the country through the proposed Gender Sector Programme (GSP) and other donors.
- Several studies and analysis on GBV, HIV/AIDS and Gender and Rights issues by NGOs and the UN are currently available

5.0 CONCLUSION AND RECOMMENDATIONS

The review has shown that whereas the governments of the GLR have expressed their commitment to prevent and suppress SGBV, there remains much to be done. It is important to note that different countries are at different stages in their development processes, and hence the progress made from country to country in the GLR differs greatly. While some countries such as the DRC and South Sudan have barely emerged from the throes of war and conflict, others like Zambia and Tanzania are fortunate not to have been embroiled in any major civil wars since they attained independence. And yet, some countries like Rwanda have been able to emerge from devastating crises to lead the way in development and in promoting the rights of women.

In this regard therefore, it is possible to classify GLR countries as follows with regard to progress made and performance in preventing and suppressing SGBV:

- Countries that have drafted and passed national plans of action with accompanying legal reform to address SGBV; vis, Rwanda, Kenya, Tanzania and Zambia. National Plans of Action are of paramount importance because they signify that the government has taken the first step towards harmonising laws and policies and mainstreaming SGBV issues in its development plans and programmes.
- Countries that have attempted to address SGBV through law reform and other ad hoc strategies such as setting up women's desks at Police Stations, partnering with NGOs to provide services for victims/ survivors but are yet to harmonise on-going efforts in a single over-arching legal and policy framework. These include Uganda and Burundi and which have been on the road to post-conflict recovery for some years but need to consolidate the progress made so far by instituting national plans of action for SGBV.
- Countries that are still in conflict or have only recently emerged from conflict such as the Angola, DRC, the Central African Republic, Congo Brazzaville and South Sudan. For some of these countries, the immediate issue is bringing the perpetrators of sexual violence in armed conflict to justice, in line with UN Resolutions 1325 and 1820, and the GLR Protocol. Unfortunately, state collapse and rudimentary infra-structure in some instances are making this an uphill task. For others where conflict has all but ceased, there is a need to kick-start the management of SGBV through research geared towards law and policy enactment.

Accordingly, it is recommended that the following key advocacy issues as shown on the checklist should be taken up at the ICGLR Conference in December 2011.

This checklist is a guideline developed by Civil Society and Development Partners to monitor government performance to address SGBV.

	CHECK YES	CHECK NO
RATIFICATION OF INTERNATIONAL LAW ON SGBV		
The CEDAW Protocol (Complaint Mechanism)	☐	☐
Comment:		
The International Covenant on Civil and Political Rights	☐	☐
Comment:		
The Convention on the Rights of the Child	☐	☐
Comment:		
The Trafficking Protocol	☐	☐
Comment:		
The Rome Statute on the ICC	☐	☐
Comment:		
The Geneva Humanitarian Law Conventions	☐	☐
Comment:		
RATIFICATION OF REGIONAL LAW ON SGBV		
The African Charter on Human and Peoples' Rights	☐	☐
Comment:		
The Maputo Protocol	☐	☐
Comment:		
The Regional Project on Prevention of Sexual Exploitation, Abuse, Violence and Assistance to Victims; 2006	☐	☐
Comment:		
The Pact on Security, Stability and development in the Great Lakes Region; 2006	☐	☐
Comment:		
ICGLR Protocol on the Prevention and Suppression of Sexual Violence against Women and Children; 2006	☐	☐
Comment:		
NATIONAL LEGISLATION AGAINST SGBV		
Constitutional provisions for gender equality and physical integrity	☐	☐
Comment:		
Up-to-date harmonised legislation against SGBV including intimate partner violence with stiff deterrent sentences	☐	☐
Comment:		

Gender sensitive marriage, divorce and inheritance laws

Comment:

Legislation against trafficking in persons

Comment:

Legislation against harmful customary practices e.g. FGM

Comment:

Age of consent legislation in line with International law

Comment:

Guidelines on the Management of SGBV with medical-legal linkage

Comment:

POLICY AND INSTITUTIONAL FRAMEWORK FOR SGBV

Ministry for Women and Gender with adequate staff and budget

Comment:

Gender Focal Points n Government Ministries and Departments including local governments

Comment:

National Gender Policy

Comment:

Gender Budgeting is practiced

Comment:

National Reproductive Health policy takes cognisance of SGBV

Comment:

Specific National Policy on SGBV

Comment:

National Communication/ Education/ Sensitisation Strategy on SGBV

Comment:

SGBV Working Group bringing together government and NGOs

Comment:

Staffed and equipped SGBV Units at Police Stations

Comment:

Staffed and equipped SGBV Units in hospitals/ health centres with provisions for HIV/AIDS post-exposure prophylaxis and morning-after pill

Comment:

Availability of Psycho-social support for SGBV survivors from Government and/or NGOs

Comment:

Availability of legal services for SGBV survivors

Comment:

SGBV Training Manual for Health Workers and/or included in curriculum

Comment:

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